

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County				
Date of death	Month	Day	Age	Years	Munths	Days
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

## CAUSES OF DEATH

Primary

Chronic Parenchymatous Nephritis

Immediate

Coma

How long

6 months

How long

2 days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Mary A. Laughlin M.D.  
Hagerstown

Accident or Suicide?

Broadfording

Name  
in  
Full

Spa.berg Co. Becker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Bridgeton			County		Washington	
Died at	Bridgeton	Month	Day	Years	Age	Months	Days
Date of death	1907	January	28	64	64	6	20
Sex	Male	Color or Race	Irish	Where Residing if not at place of death	Bridgeton		
Occupation	Blacksmith			Bridgeton			
Married, Single or Widowed	Married	Name of Wife or Husband	Cornelia M. Becker			Father's Birthplace	
Father's Name	Peter Becker						
Mother's Maiden Name	Elizabeth Becker						
Name of person giving Information	Cornelia Becker			Wife			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Sudden death probably

How long

-

Immediate

due to dilation of the heart.

How long

-

Are the name, age, sex, color, date and place correctly given above?



Signature of Physician

Address

H. M. Garrett,  
Sharpsburg,  
Md.

Accident or Suicide?

Yes

R.S.H. Hoffman  
Funeral Director

Name  
in  
Full

Hazel Virginia Belt (Illegitimate)

CERTIFICATE OF DEATH

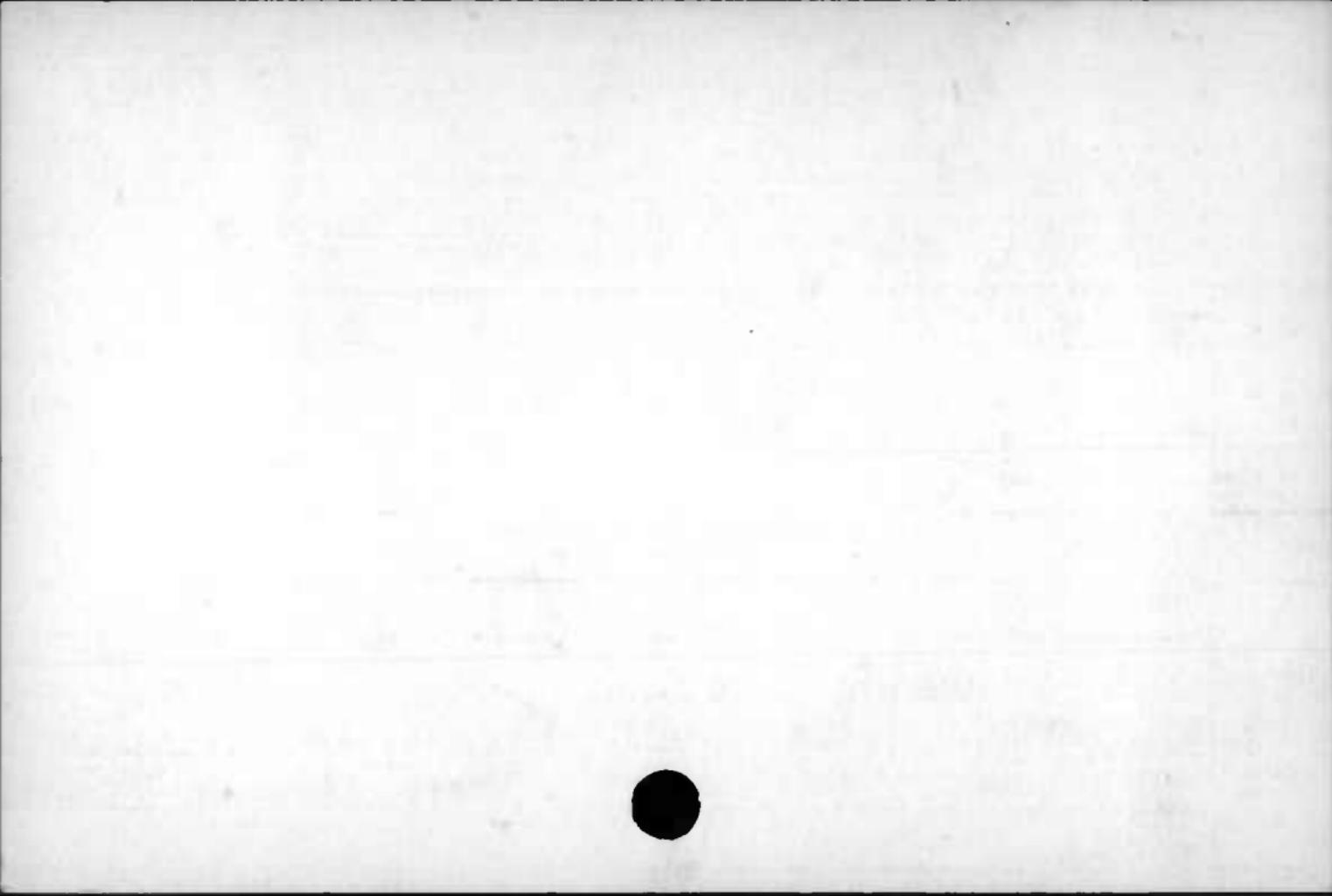
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Female	Color or Race	Black	Birth-place	Eckles Mill
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	" "		
Father's Name	Thomas Belt Col.	Father's Birthplace	Petersville Md		
Mother's Maiden Name	Violette Calaman	Mother's Birthplace	Md.		
Name of person giving Information	John R Brown	How related to deceased	Mother's Husband		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
Yes	Address	
No physician in attendance		
Address of Child		



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

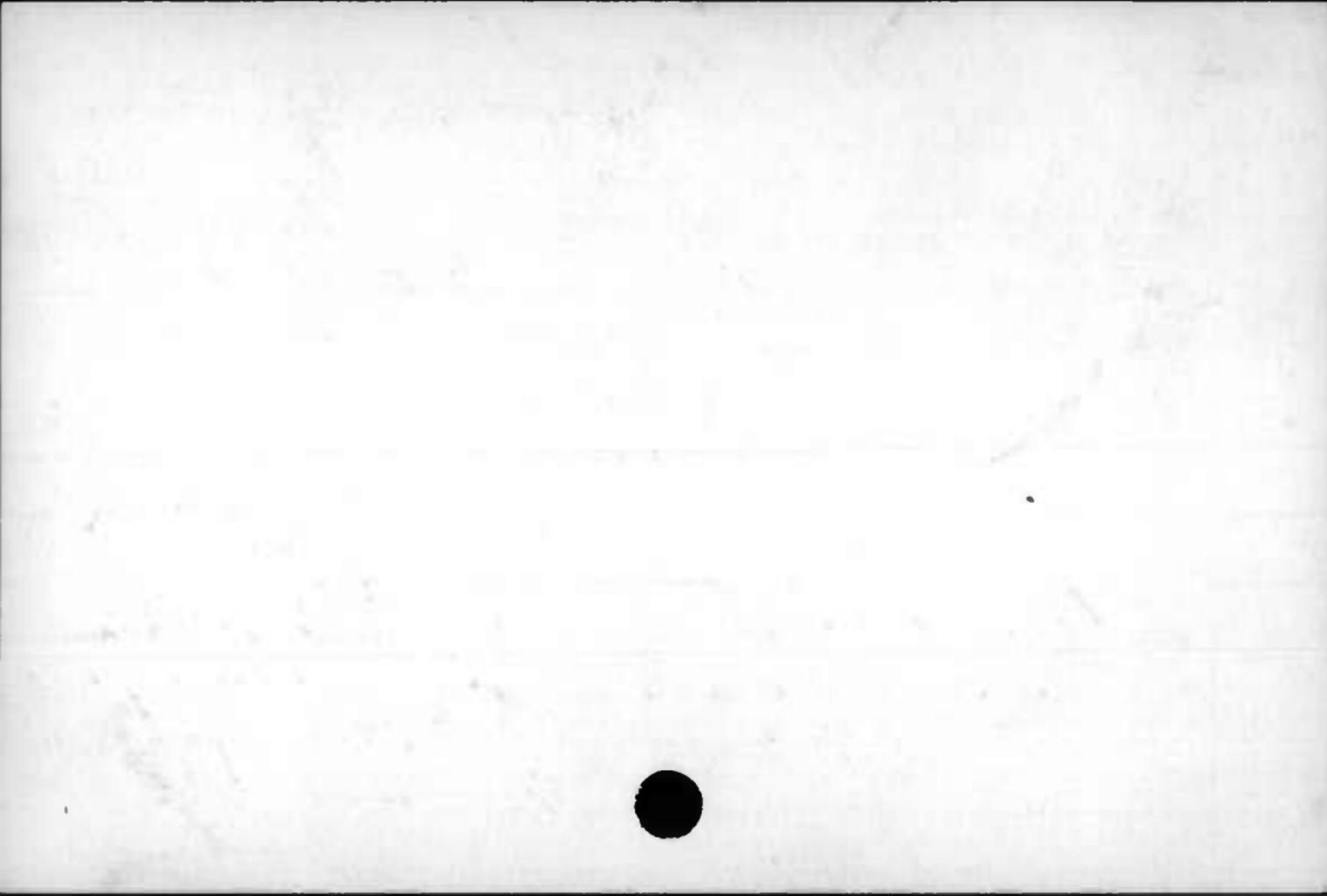
## CERTIFICATE OF DEATH

Died at		Town	Place of Death		MARYLAND		
Date of death	1908	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	White		Birth-place	Funkstown	
Occupation	Blacksmith		Where Residing if not at place of death		Funkstown		
Married, Single or Widowed	Married	Name of Wife or Husband	Jacob H Birely		Father's Birthplace		
Father's Name	Jacob Birely				Mother's Birthplace		
Mother's Maiden Name	Amelia Epick				How related to deceased	wife	
Name of person giving information	Mrs. G Birely						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bright's disease	How long	2 years
Immediate	Endocarditis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. J. Cunigend
		Address	Funkstown Md.
Accident or Suicide?			



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

George Edward Bower

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	male	Color or Race	white	Birth-place	Md.	
Occupation	Plumber			Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	Andrew Bower			Father's Birthplace	Germany	
Mother's Maiden Name	Helena Sippel			Mother's Birthplace	"	
Name of person giving Information	Frederick Bower			How related to deceased	brother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

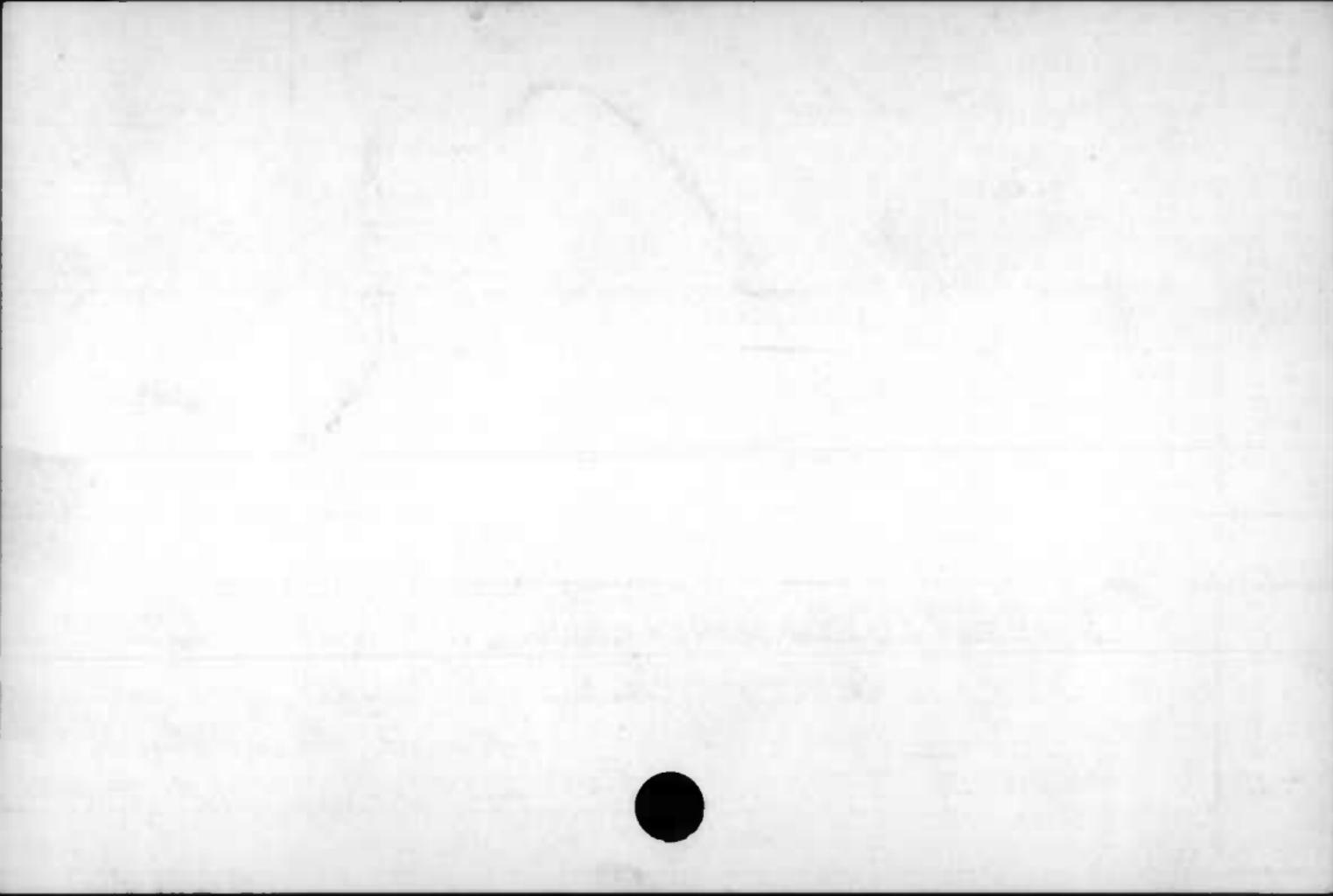
Signature of Physician

Address

J. Petrowe  
Hagerstown  
Md

Accident or Suicide?

No.



Name  
in  
Full

Goldie Bowman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <u>near Smithsburg</u>		Town	County <u>Washington</u>		MARYLAND		
Date of death 1907	Month 1	Day 7	Age 16	Years	Months 10	Days 11	
Sex Female	Color or Race white			Birth- place <u>Euclid</u>			
Married, Single or Widowed <u>Single</u>			Occupation <u>Housekeeper</u>				
Name of Wife or Husband							
Father's Name <u>Sam Bowman</u>			Father's Birthplace <u>Euclid</u>				
Mother's Maiden Name <u>Joan Ferris Toms</u>			Mother's Birthplace <u>Euclid</u>				
Name of person giving Information <u>Father</u>			How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

(2)

How long

one year

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

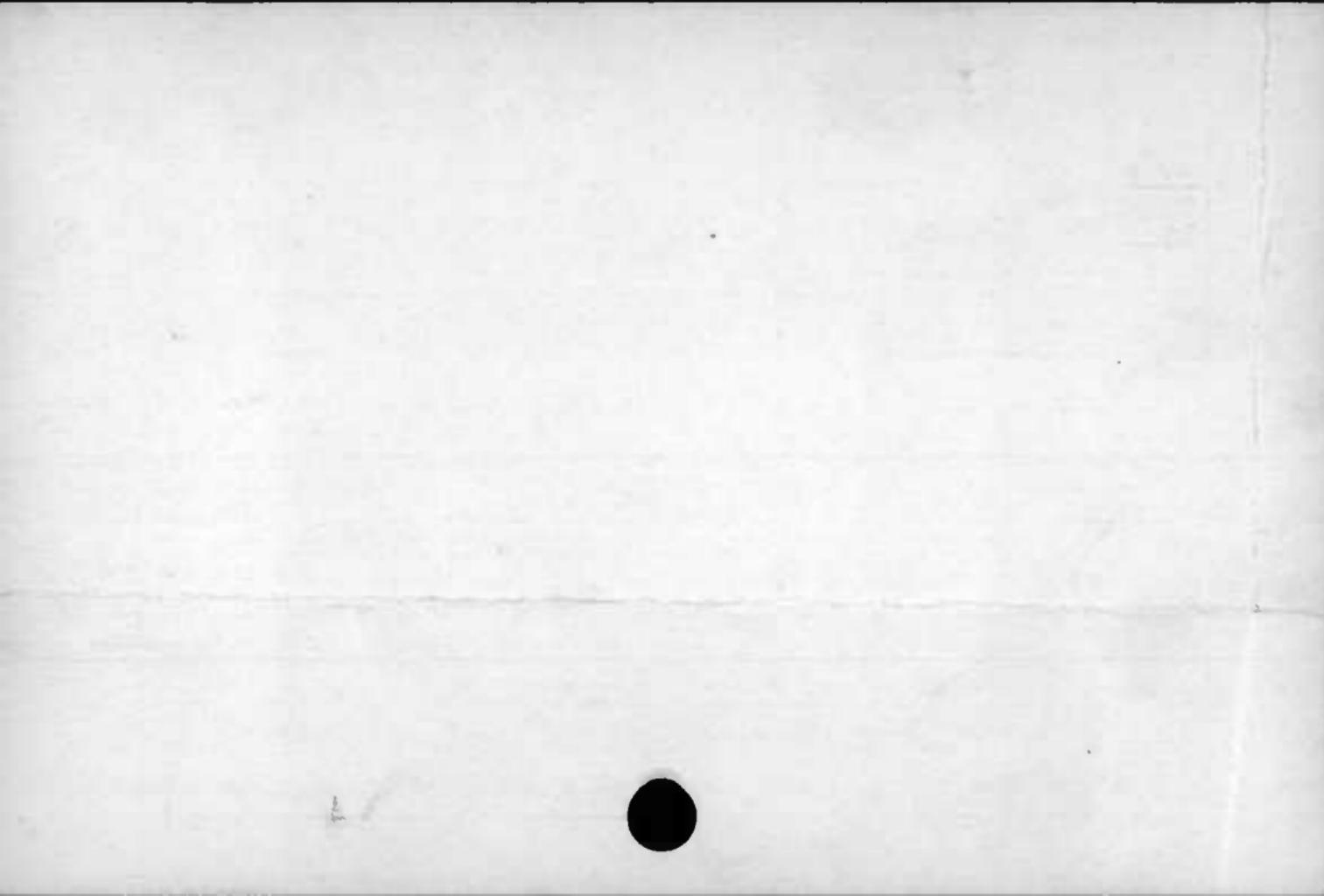
yes

Signature of  
Physician

Address

James R. Matson,  
Treasurer M.D.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

John Bowman						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	1907	Month 1	Day 13	Age 68	Years	Months 11	Days 9
Sex	male	Color or Race	white		Birth-place	Md.	
Occupation	Retired Farmer			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife	Caroline Bowman			
Father's Name	Samuel Bowman			Father's Birthplace Md.			
Mother's Maiden Name	Nancy Mack			Mother's Birthplace "			
Name of person giving Information	Eavey Bowman			How related to deceased son.			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cause of Death		How long	How long
	Immediate	Secondary	Other		
	Lobar Pneumonia	03		4 days.	" "
	Exhaustion & Endocarditis				
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Victor Driller, Jr.	
			Address	Hagerstown, Md.	
	Accident or Suicid?	w			

Mapleville

Name  
in  
Full

Mary Regina Bowman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Charles E. Bowman			Father's Birthplace	md.
Mother's Maiden Name	Nettie Flautt			Mother's Birthplace	"
Name of person giving Information	G.E. Bowman			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Diphtheric Typhemia

Immediate Typhemia

Are the name, age, sex, color, date and place correctly given above?

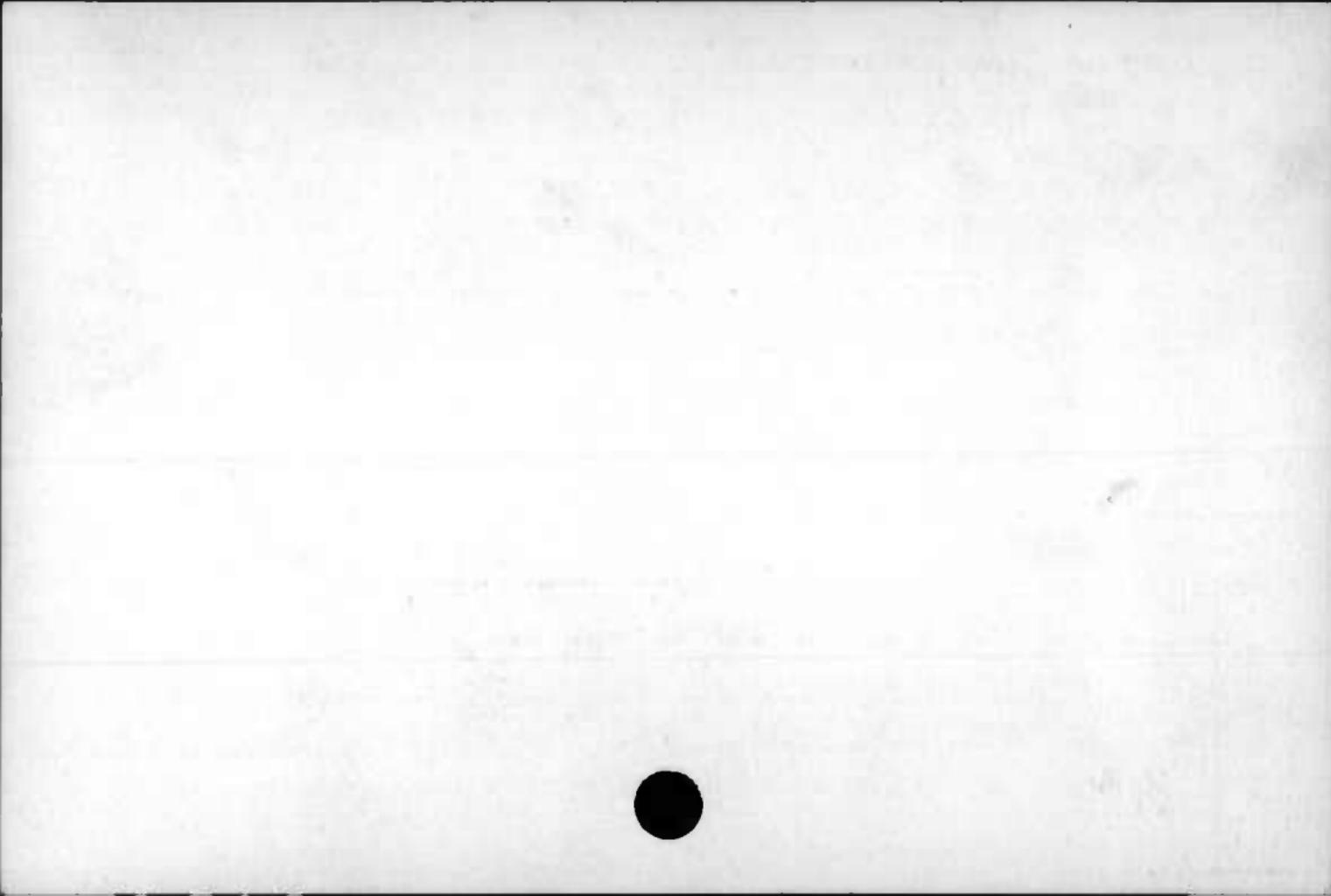
yes

Accident or Suicide?

Signature of Physician

Address

Daniel G. Watkins  
Hagerstown Md



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Roxie A Burkitt

CERTIFICATE OF DEATH			
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Died at	Hagerstown	Washington	
Date of death	1907	8/15	21
Age	1	Years	3
Sex	Female	Color or Race	White
Occupation	_____	Where Residing if not at place of death	Hagerstown.
Married, Single or Widowed	Single	Name of Wife or Husband	_____
Father's Name	Charles Burkitt	Father's Birthplace	Md
Mother's Maiden Name	Rey Leroner	Mother's Birthplace	VA
Name of person giving information	Chas Burkitt	How related to deceased	Father

CAUSES OF DEATH

Primary

Probably Meningitis

How long

2 weeks.

Immediate

Convulsions.

How long

1 hour.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

J. Roger Laughlin  
946 W Franklin St.  
Hagerstown Md

Accident or Suicide?

No.

AK Efface

Name  
in  
Full

Samuel Caution

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	years	Months Days
Sex	Color or Race	Birth- place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace	Pa	
Mother's Maiden Name	Mother's Birthplace	Mother's Name	Mother's Birthplace	Pa	
Name of person giving Information	Name of person giving Information	How related to deceased	How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Acute Alcoholism & Pulmonary Congestion  
Immediate Heart Failure

How long  
1 week

How long

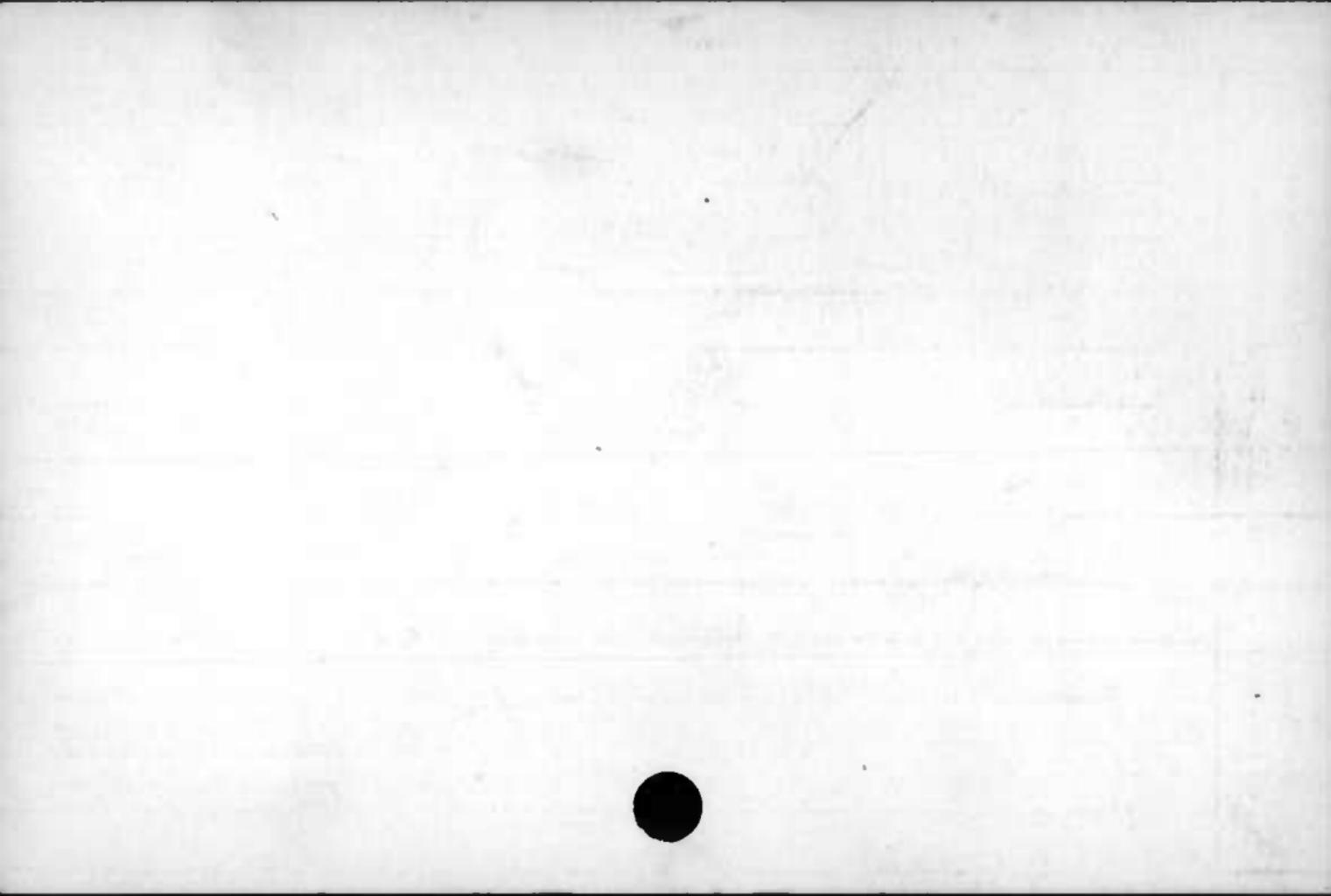
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Chas J Mason, M.D.  
Clearspring  
Md.

Accident or Suicide?



Name  
in  
Full

Mary A Churchay

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	State
1907	Month	Age	Years
Sex	Color or Race	Birth-place	Months
Occupation	Where Residing if not at place of death	Days	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Otto Churchay	Father's Birthplace	Oakland Mills
Mother's Maiden Name	Dont Know	Mother's Birthplace	Dont Know
Name of person giving information	Otto Churchay	How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Valvular Heart Disease

How long

Several years

Immediate

Chronic nephritis

10

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. Am. Gannett,  
Sharpsburg, Md.

Accident or Suicide?

No,

L E Suman & Son  
undertakers  
Hagerstown  
Md

Name  
in  
Full

Dagwood Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Otto Clark	
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Female Colored 30 4 Smoketown  
Seamster Smoketown  
Married Michael Taylor Beaver Creek  
Rebecca James Hagerstown  
Michael Taylor Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Peritonitis (116)

How long

6 months

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

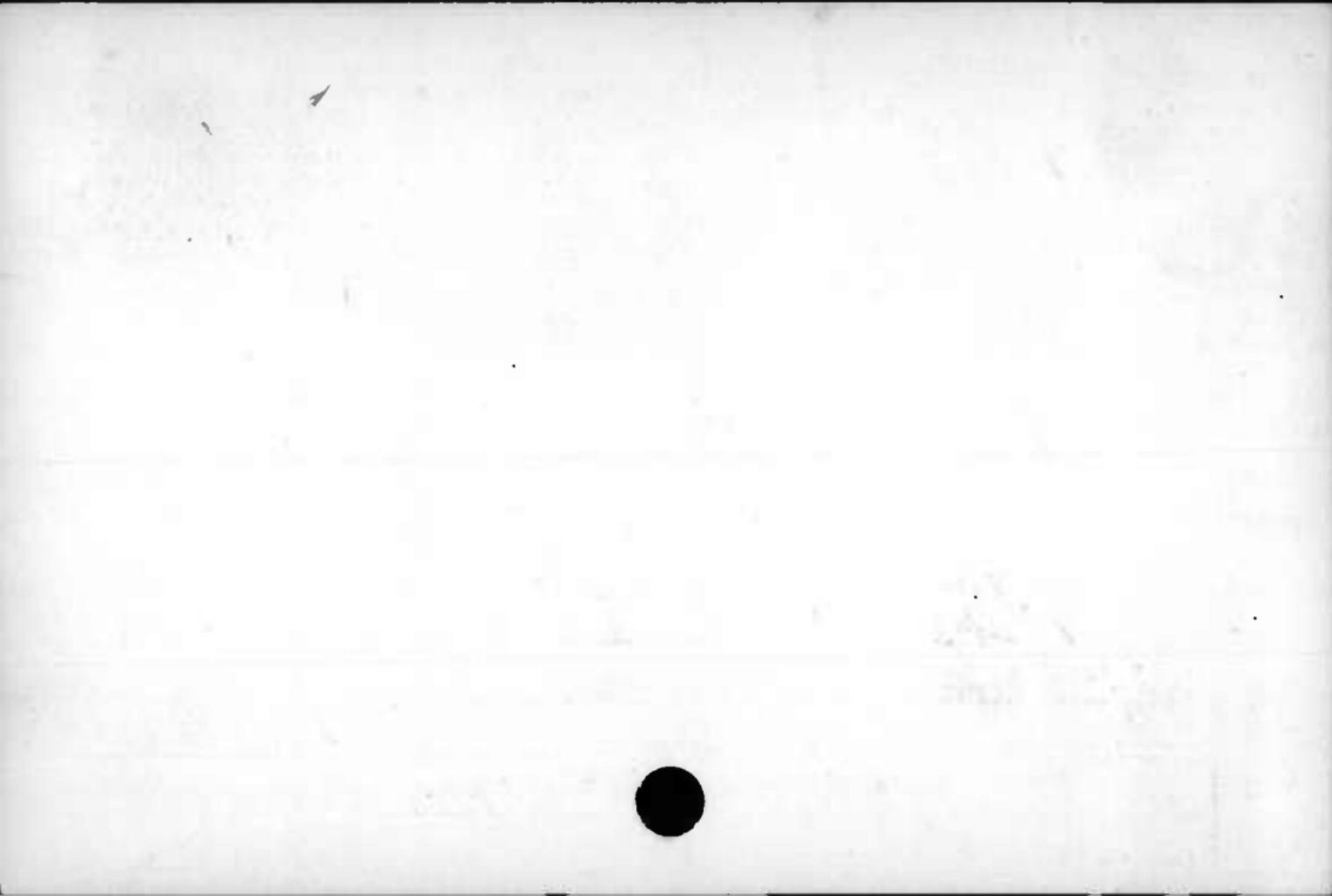
Address

Dr Davis

Bowesboro.

Mo

Accident or Suicide?



Name  
in  
Full

Hampden C. Coors

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birthplace			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	J. Hampden Coors					Father's Birthplace
Mother's Maiden Name	Annie M. Moore					Mother's Birthplace
Name of person giving Information	J. H. Coors					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still Born

How long

—

Immediate

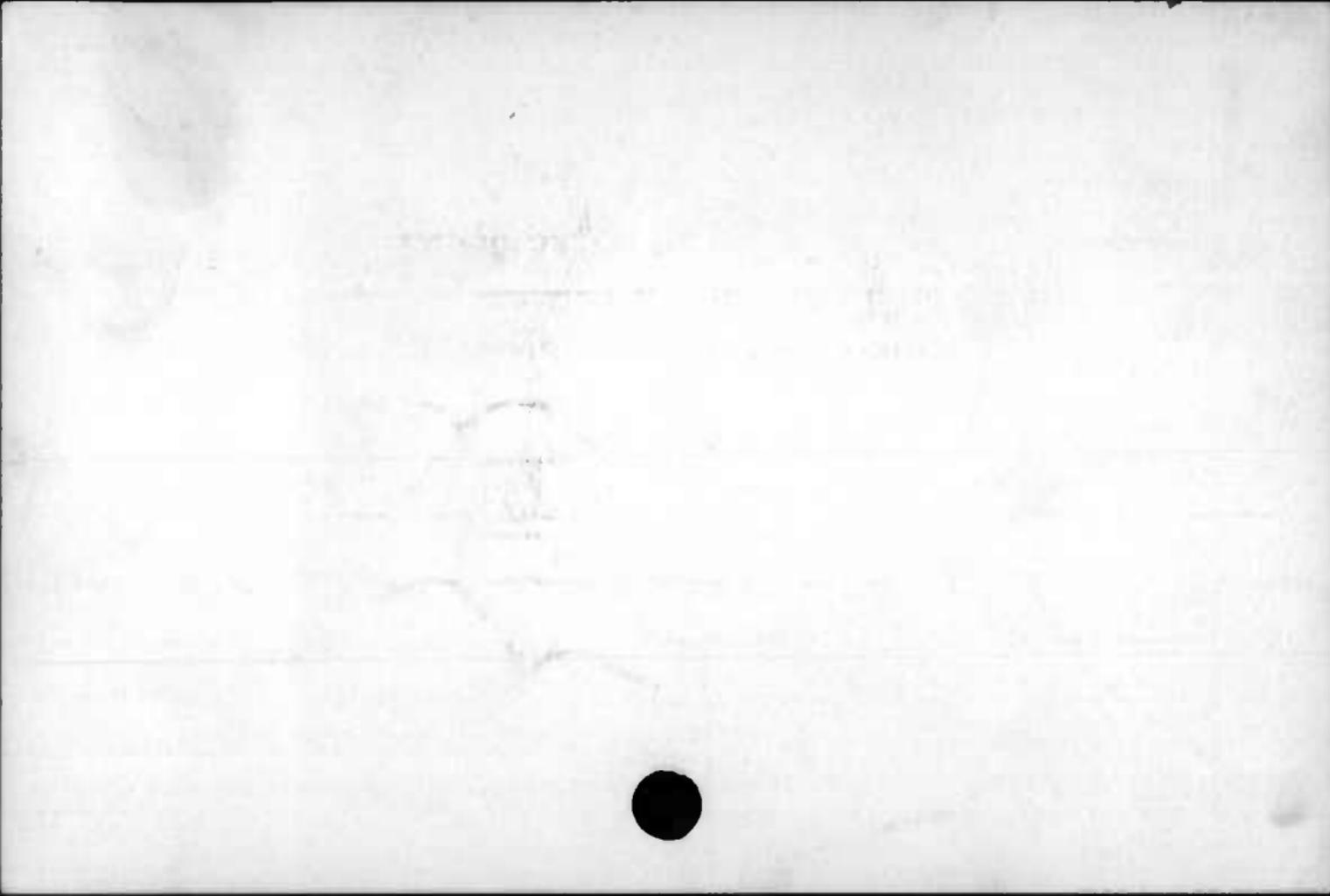
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

McMonnon  
Hagerstown Md

Accident or Suicide?



Name  
in  
Full

Leonard Dulrow

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Male	Color or Race	White	Birth-place	Fred. Co
Occupation	Retired	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Emily	Beaver Creek	
Father's Name	Jacob Dulrow			Father's Birthplace	Fred Co
Mother's Maiden Name	Beast			Mother's Birthplace	" "
Name of person giving information	Samuel Dulrow			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Sinfully

How long

Immediate

Gul Debility

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. S. Davis  
Boonsboro

Accident or Suicide?



Name  
in  
Full

Cordelia Early

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months
1907	1	24	Age
Sex	Color or Race	Years	Days
Female	Colored.	26	-
Occupation	Where Residing if not at place of death	Birth- place	Na
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Na
Singl.	William Early	Mother's Birthplace	Na
Father's Name	Mother's Maiden Name	How related to deceased	Mother
William Early	Merrine Tolle	3 days	
Name of person giving Information	Merrine Early	1 day	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bronchopneumonia

How long

3 days

Immediate

Cardiac Failure

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

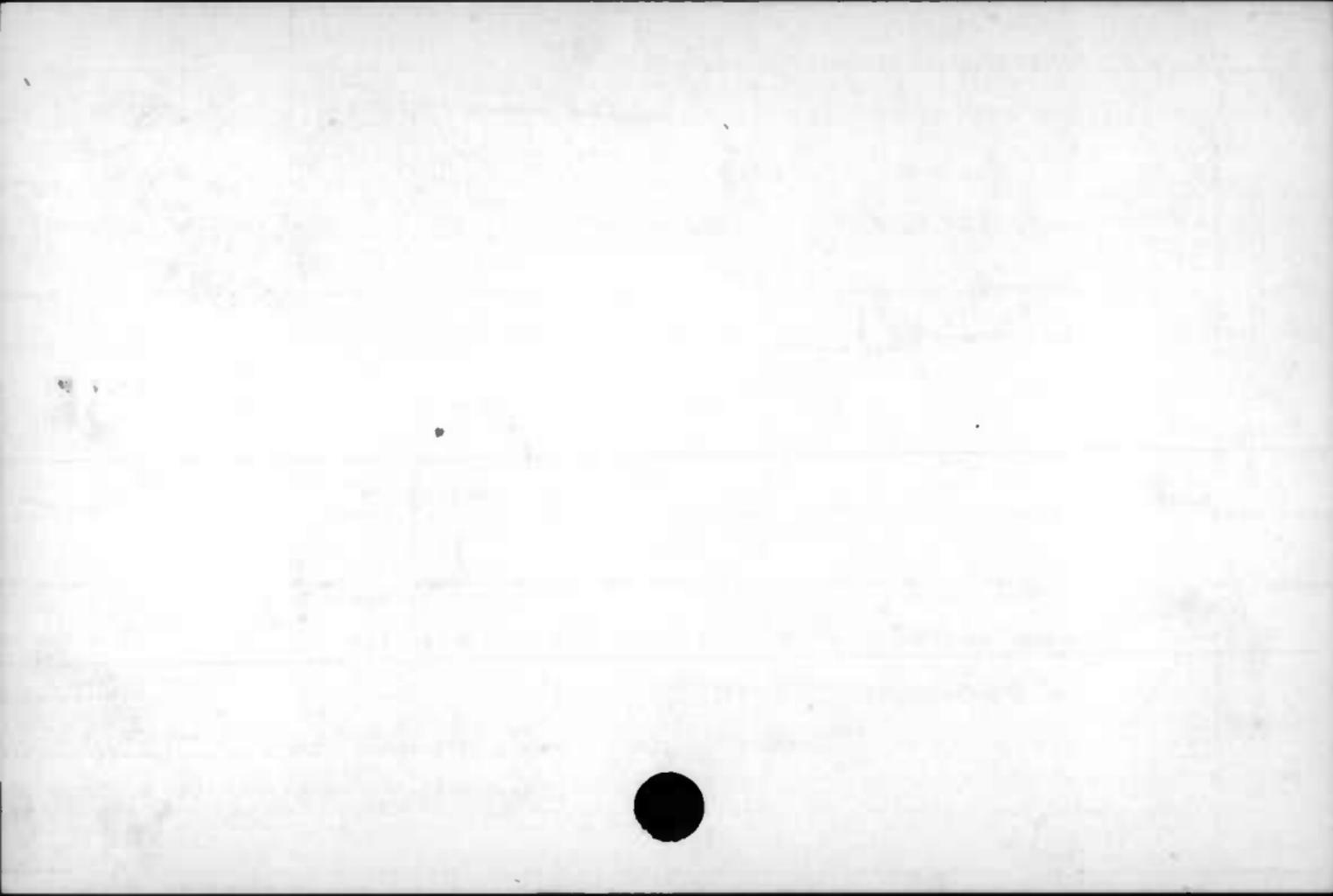
Dr. Wagaman

Address

Hagerstown  
Md

Accident or suicide?

No



Name  
in  
Full

Mary Jane Gilbert-

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Boonsboro Town Washington County MARYLAND  
Date of death 1907 Month Jan Day 10<sup>th</sup> Age 73 Years Months — Days —

Sex Female Color or Race White Birth-place Maryland

Occupation Hair worker Where Residing if not  
at place of death

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name David Gilbert Father's Birthplace Pa-

Mother's Maiden Name Sarah Young Mother's Birthplace Md-

Name of person giving information George L. Gilbert How related to deceased Brother

CAUSES OF DEATH

Primary

La Grippe

How long

1 day 2

Immediate

Pneumonia

How long

4 day 1

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Q

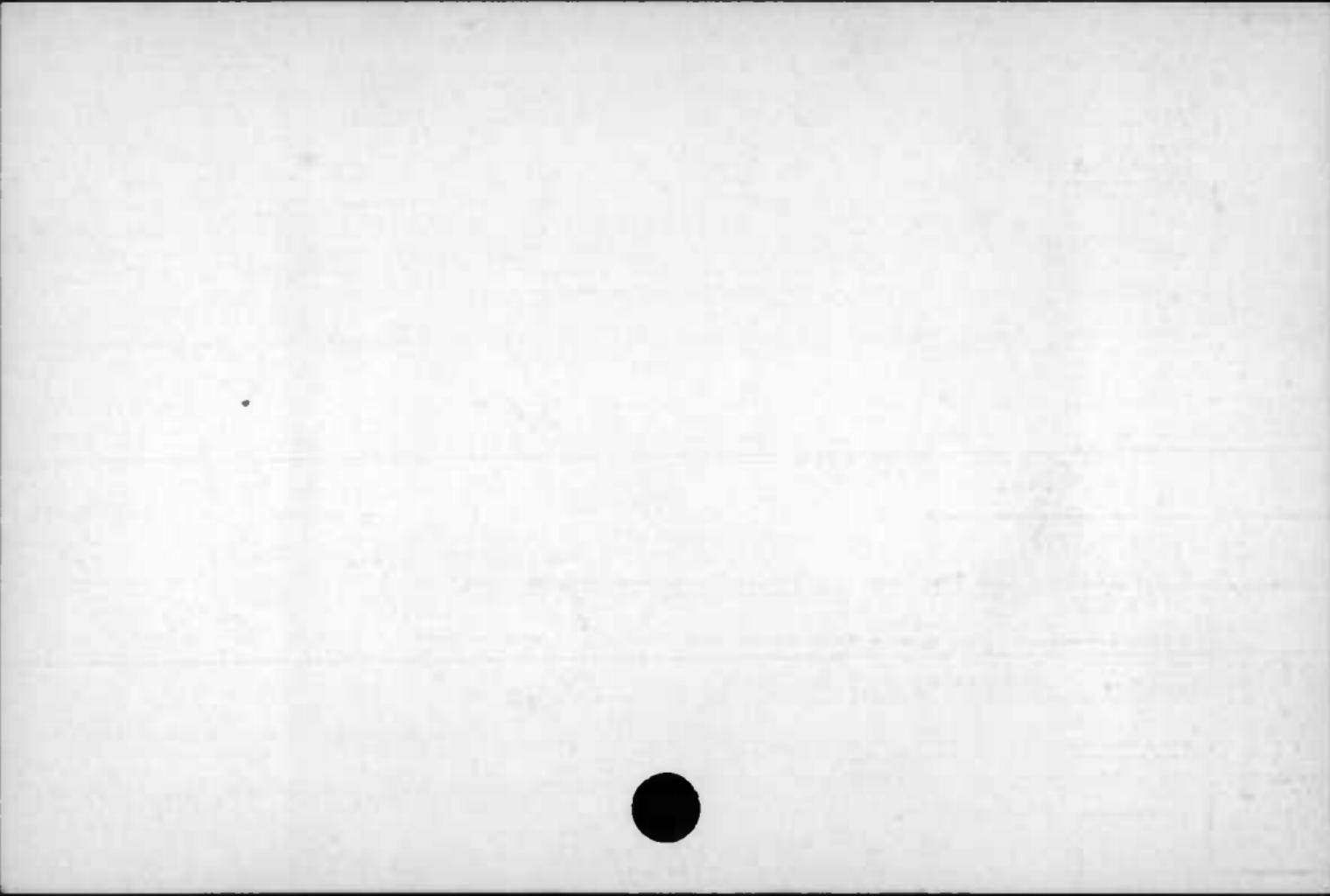
Signature of Physician

Address

W. C. Wheeler

Boonsboro Md-

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Lida Mae Greenawalt

MARYLAND

Died at		Town	County			
Date of death	1907	Month 1	Day 25	Years 10	Months 6	Days 20
Sex	Female	Color or Race	Vehicle		Birth-place	Md
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Bush E Greenawalt					Father's Birthplace
Mother's Maiden Name	Florence Shillito					Mother's Birthplace
Name of person giving information	R. E Greenawalt					How related to deceased

## CAUSES OF DEATH

Primary

Diphtheria

How long

3 days

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above

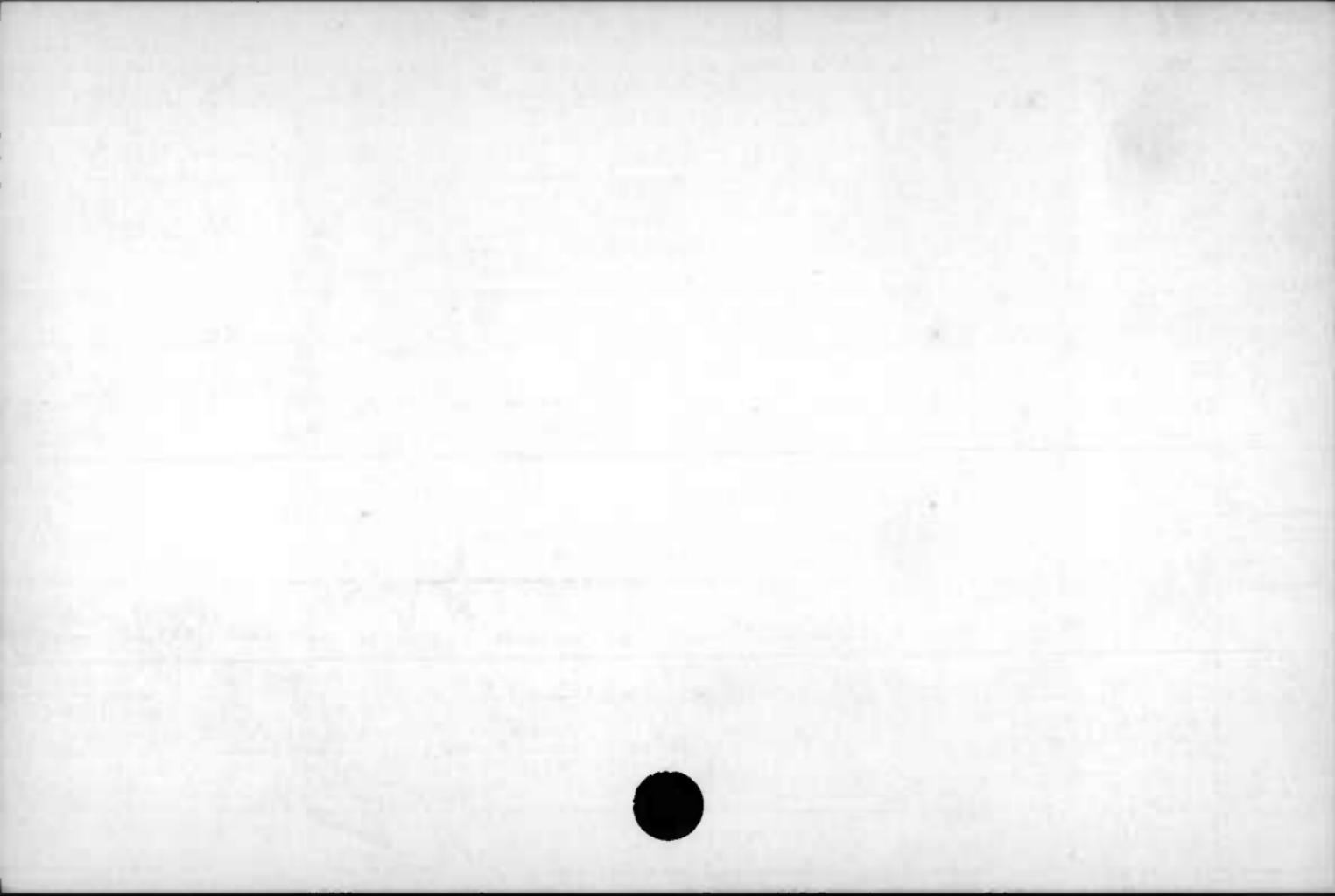
Signature of Physician

Accident or Suicide

Address

2000 Pages  
Hagerstown Md

PHYSICIAN  
OR CORONER



Name

In  
Full

Henry Harris

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Hagerstown</u>			County <u>Washington</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>1</u>	Day <u>14</u>	Years <u>52</u>	Age <u>52</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birthplace <u>nd</u>			
Occupation <u>Laborer</u>	Where Residing If not et place of death					
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Tora L Brown</u>		Father's Birthplace <u>Na</u>			
Father's Name <u>Solomon Harris</u>				Mother's Birthplace <u>nd</u>		
Mother's Maiden Name <u>Elizabeth Lylis</u>				How related to deceased <u>Wife</u>		
Name of person giving information <u>Tora Harris</u>						
CAUSES OF DEATH						
Primary	<u>Found dead Cause unknown</u>			<span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; display: inline-block;">179</span> How long _____		
Immediate				How long _____		

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Elias B. Hartle  
acting coroner  
Hagerstown, Md.

Accident or Suicide?

No

by Worcester  
Manufacturing

Name  
in  
Full

Christina Hatal  
Sharksburg Washington

CERTIFICATE OF DEATH  
State  
MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	State
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Sharpsburg	
Father's Name	Dolliab F. Hatal		
Mother's Maiden Name	Barber Creek		
Name of person giving Information	Don't Know		
	Daughter		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General Disability		How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Strunk
		Address	Sharksburg, MD
Accident or Suicide?		No	

L E Suman & Son  
undertakers  
Knoxville  
Tenn

Name  
In  
Full

Christine Anna Hockley.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

Hagerstown Wash.

Female white Pennsylvania.

Seamstress

single ever

James Hockley Pennal

Catherine Snyder "

Mrs Ella Harbaugh niece.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senile Dementia

How long

One Year

Immediate

Euphoria

How long

12 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

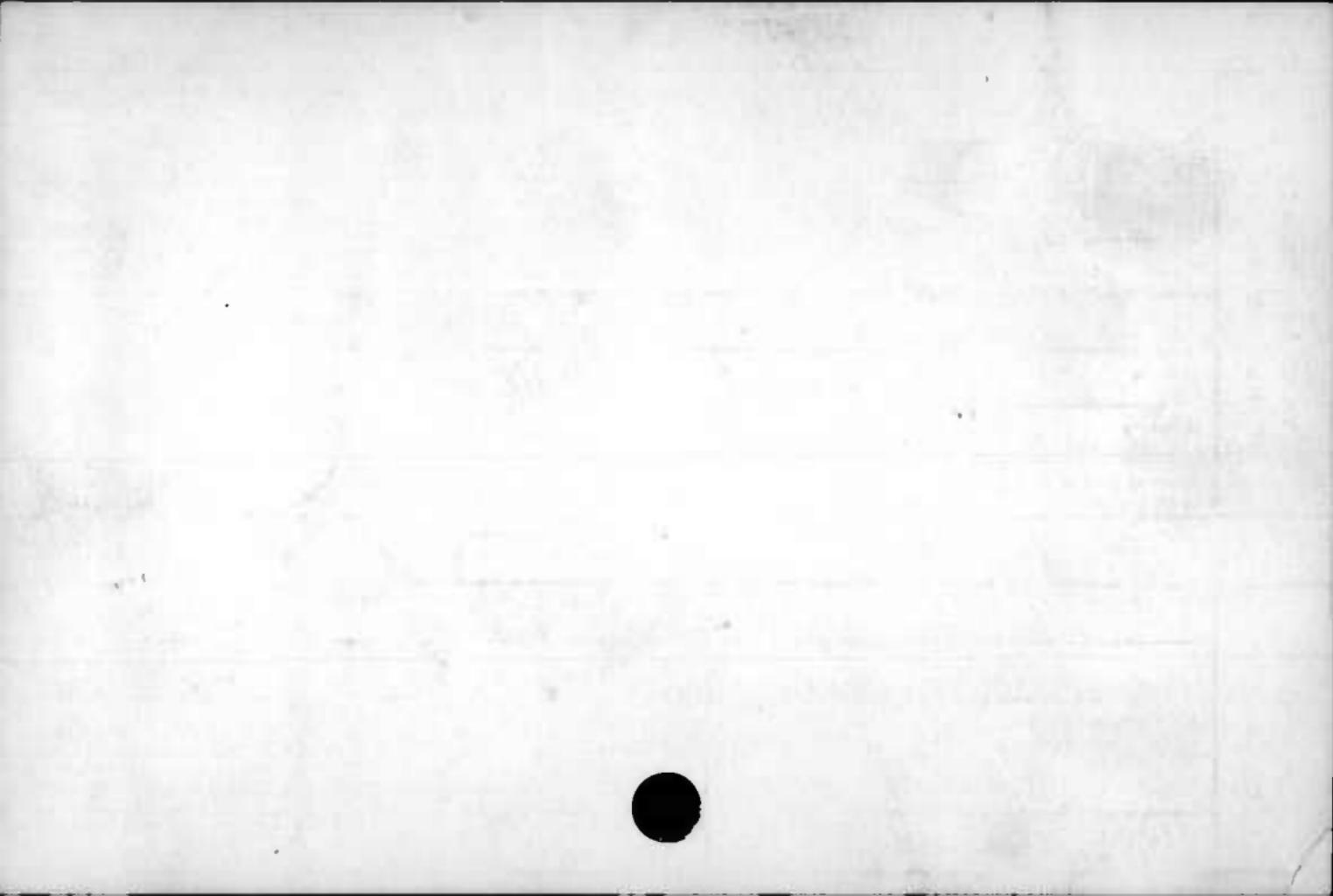
H. S. Den. M.D.

Address

Hagerstown  
Md.

Accident or Suicide?

—



Name  
in  
Full

Melissa J. Hoffmann CERTIFICATE OF DEATH

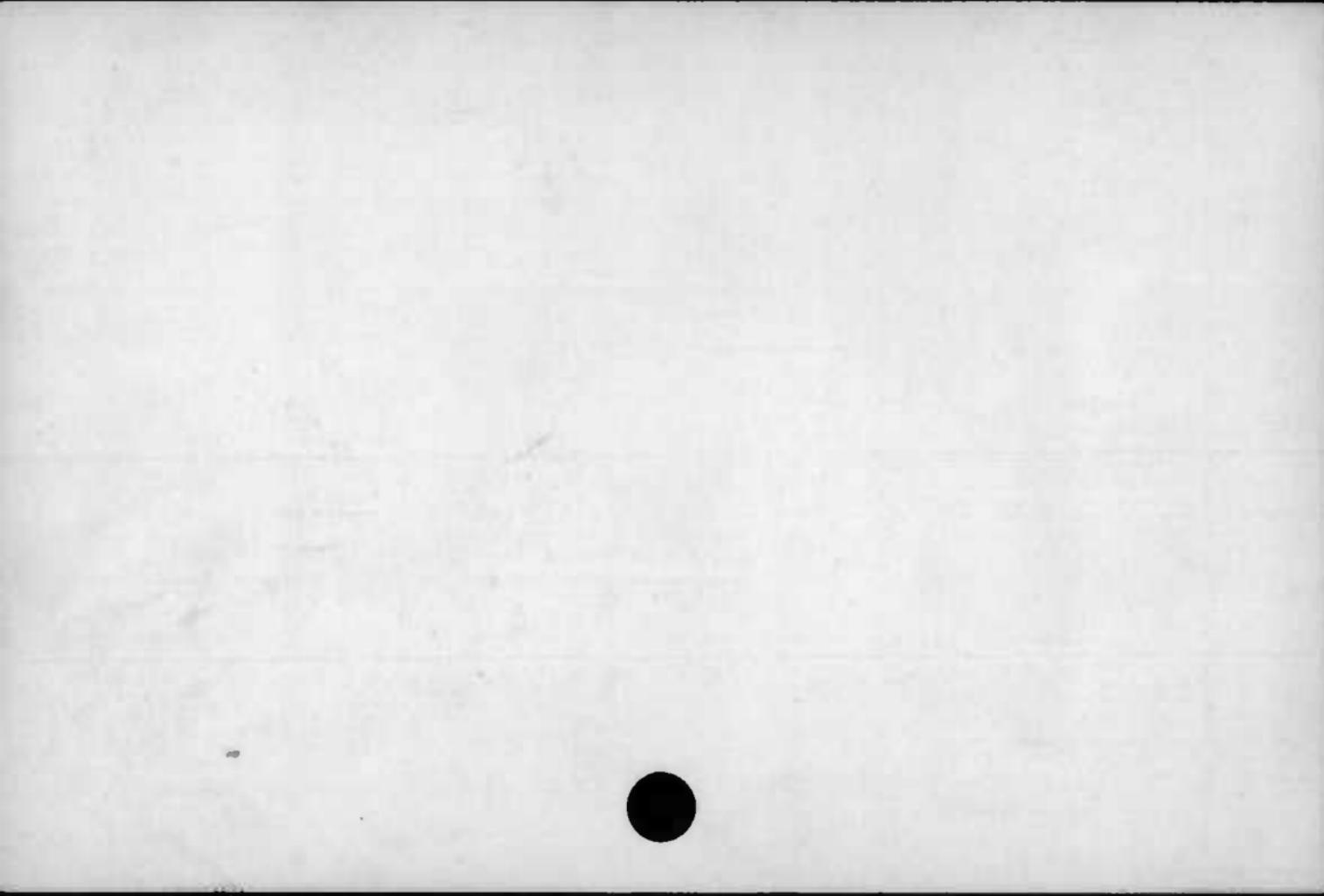
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Year	Months	Days	
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Geo W. Hoffmann Boonsboro			
Father's Name	Jacob Smith Md				
Mother's Maiden Name	Fiesta Davis Md				
Name of person giving information	Luther Smith Brother				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Valvular Heart Disease + Drops. cal Effus -	How long	1 yrs -
Immediate	Drops. cal Effus -	How long	1 yr
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	& S. Davis
( )		Address	Boonsboro Md.
Accident or Suicide?			



Name  
in  
Full

John Hollenberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1907	Month 1	Day 5	Years 88 Months Days
Sex Male	Color or Race White	Birth-place Md	
Occupation Farmer	Where Residing if not at place of death Hagerstown		
Married, Single or Widowed	Name of Wife or Husband Russell A. Harbaugh	Father's Birthplace Gregory	
Father's Name Wm. Hollenberger	Mother's Birthplace Pa		
Mother's Maiden Name Elizabeth Stern			
Name of person giving information Jno. Hollenberger	How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Senility (X) How long

Immediate Cerebral hemorrhage (X) How long 2 weeks.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide? No.

Raynsboro

Name  
in  
Full

Still Born child of R.E. & Sophia Keade.

CERTIFICATE OF DEATH

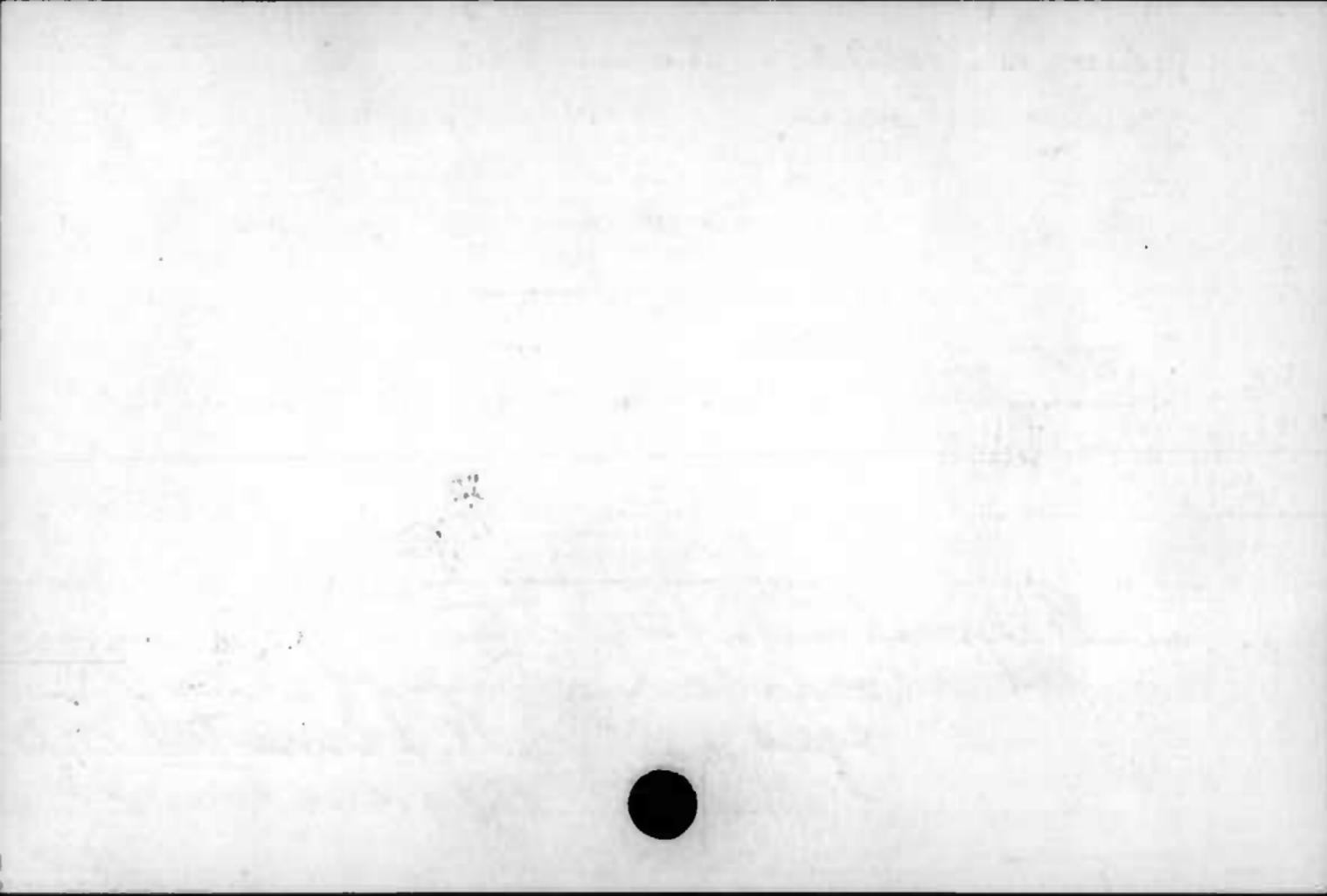
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	R. E. Keade			Father's Birthplace	Md.
Mother's Maiden Name	Sophia Gayl			Mother's Birthplace	Penna.
Name of person giving Information	R. E. Keade			How related to deceased	father.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Stillborn	How long	-	
Immediate	Protracted Labor	Shoulder presentation	How long	-
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. E. Smith, M.D.
			Address	Hospital Md.
Accident or Suicide?	no			



Name  
in  
Full

George Aaron Kendall

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	-
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband, ..		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Hagerstown Washington 27 - 3  
Male white 27 ind  
Occupation Where Residing if not at place of death  
Married, Single or Widowed Name of Wife or Husband, ..  
Father's Name Father's Birthplace  
Mother's Maiden Name Mother's Birthplace  
Name of person giving information How related to deceased

Walter Kendall (5) will Ohio Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Premature Birth

How long

Immediate

not developed

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S.W. Dimmick MD  
Hagerstown, MD

Accident or Suicide?

Coffman  
Prived at St Paul

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Annie Elen. Kinble  
Town Williamsport.

County Washington

MARYLAND

Died at Date of death 1907 Month Jan Day 6 Age 46 Years Months 2 Days 16  
Sex Female Color or Race White Birth-place Housport

Occupation House keeper Where Residing if not at place of death

Married, Single or Widowed Muriel Name of Wife or Husband

Chas E Kinble

Father's Name Michael H Krebs

Father's Birthplace Housport

Mother's Maiden Name Elen E. Cranmer

Mother's Birthplace Hagerstown

Name of person giving information J. F. Krebs

How related to deceased Brother

## CAUSES OF DEATH

Primary Pneumonia

How long 1 week

Immediate Heart failure

How long one day

Are the name, age, sex, color, date and place correctly given above?

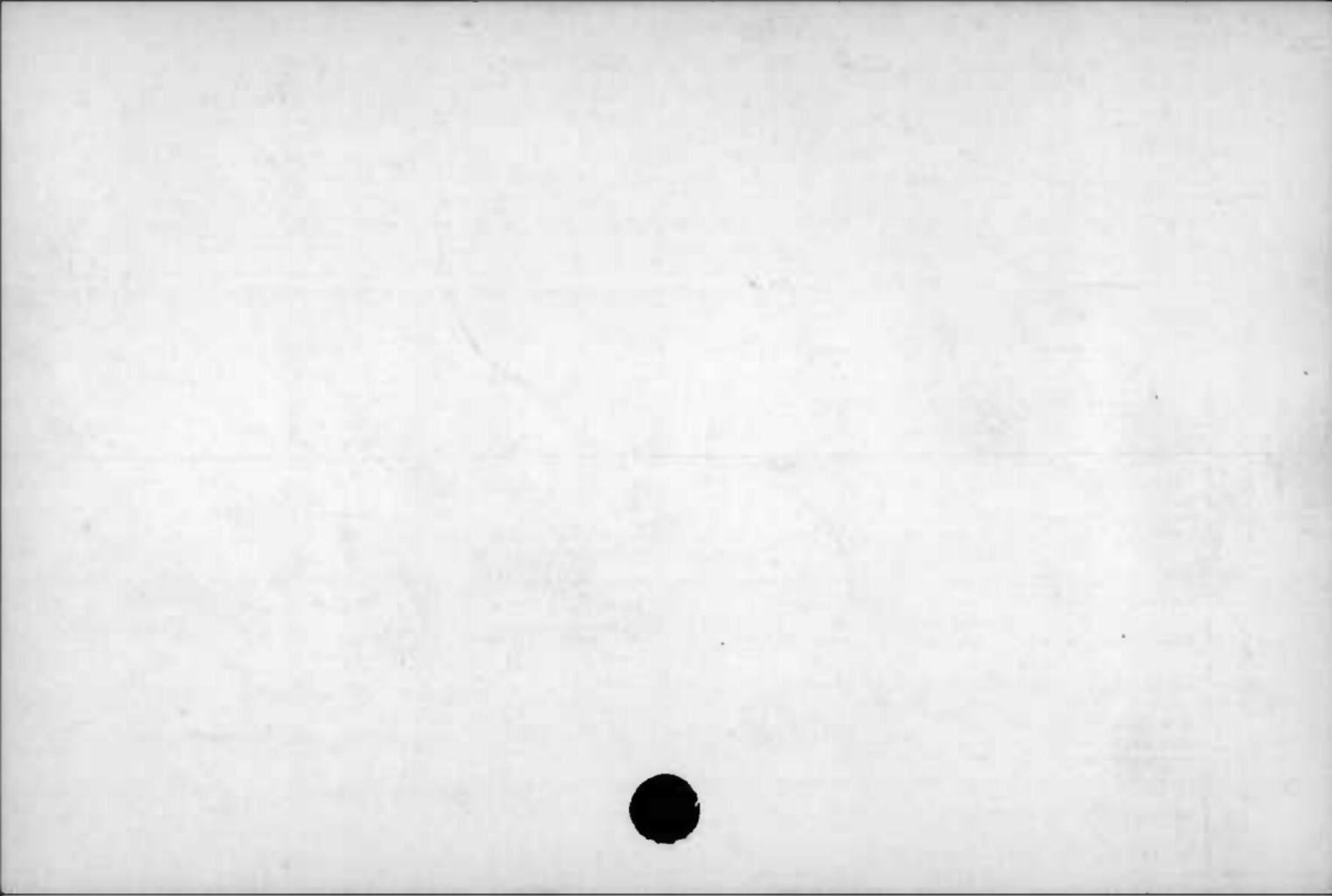
Signature of Physician

(93)

J. F. Kinble

Accident or Suicide?

Address Williamsport, Md.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Bertha E. Knodel

CERTIFICATE OF DEATH

Died at Mercersville

County Washington

MARYLAND

Date of death 1907 Month 1 Day 20

Age

Years 33

Months 9

Days 28

Sex Female

Color or Race

White

Birth place

Mercersville

Occupation Horsekeeper

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Jeremiah Knodel

Father's Birthplace

Sharpsburg

Mother's Maiden Name Georgina Taylor

Mother's Birthplace

Mercersville

Name of person giving information Jeremiah Knodel

How related to deceased

Father

CAUSES OF DEATH

Primary A complication of non-contagious disease

How long

19 years

Immediate Exhaustion

How long

—

Are the name, age, sex, color, date and place correctly given above?

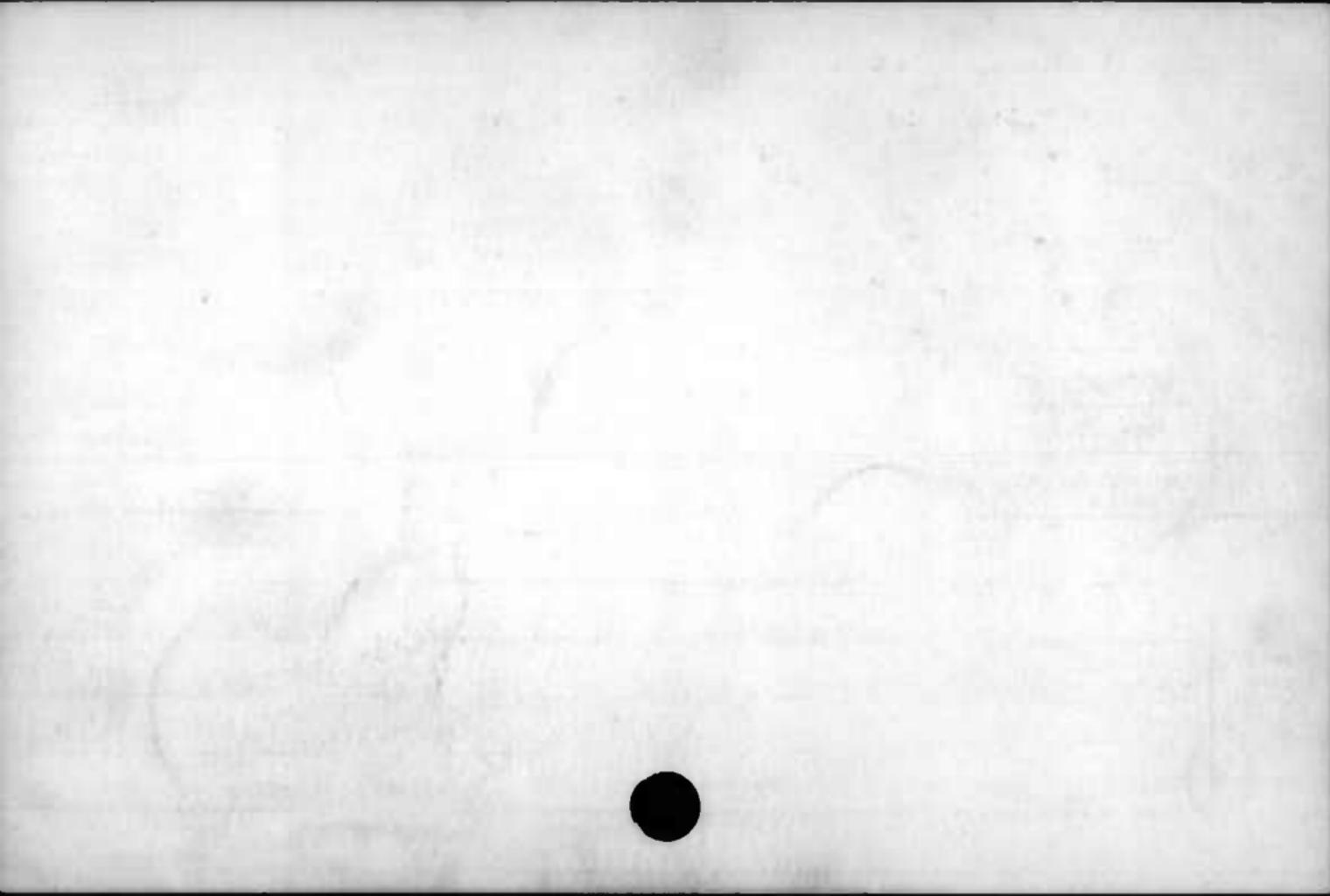
Signature of Physician

W.C. Gardner

Address

Sharpsburg Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Helen Lane

Town  
Died at Hagerstown

Date  
of death 1907 Month / Day 29

County  
Washington

Years  
Age 40

CERTIFICATE OF DEATH

MARYLAND

Months - Days -

Sex Female

Color or  
Race

Colored

Birth-  
place

Pa

Occupation

House work

Where Residing if not  
at place of death

Hagerstown

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Milton Lane

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Mary Hull

Mother's  
Birthplace

Pa

Name of person giving  
Information

Mary Boles

How related  
to deceased

Daughter

CAUSES OF DEATH

Primary

Mental Insanity

How long

years.

Immediate

Heart Failure

How long

immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

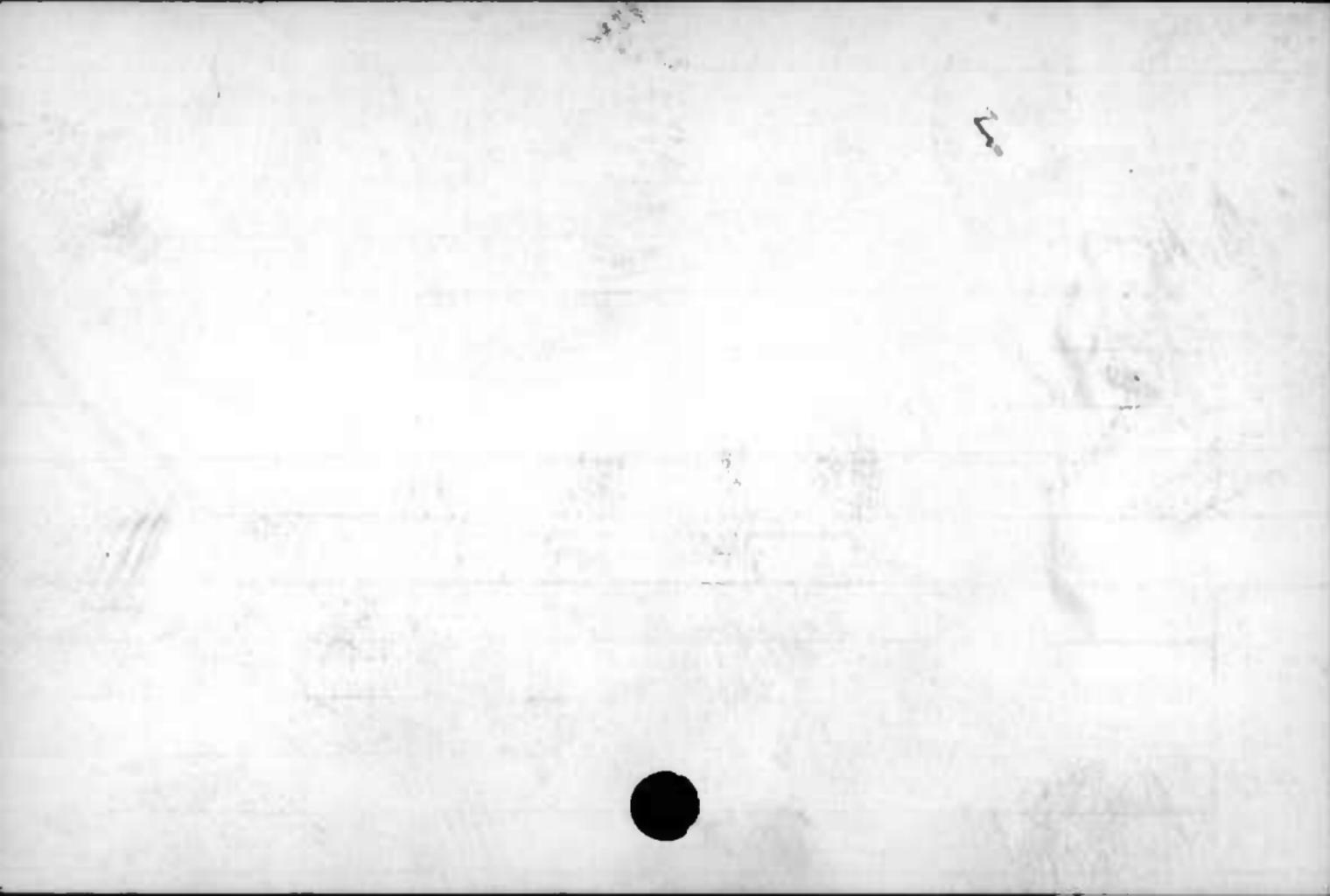
DR Schlegel

Health Officer

PHYSICIAN  
OR CORONER

Accident or Suicide?

No.



Name  
in  
Full

Daniel E. Linebaugh.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Beaver Creek	County	Washington	MARYLAND
Date of death	Month	1st.	Day	22	Years
Sex	Color or Race	Male	Age	20	Months
Occupation	Where Residing if not at place of death	Laborer	Birth-place	Beaver Creek.	Days
Married, Single or Widowed	Name of Wife or Husband	Single	Father's Birthplace	Fred. Co.	
Father's Name	Samuel Linebaugh	Mother's Birthplace	Fred. Co.		
Mother's Maiden Name	Elizabeth Reynolds	How related to deceased	Father.		
Name of person giving information	Samuel Linebaugh				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Diphtheria

How long

7 days

Immediate

Syncope. Heart Failure

How long

sudden.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Hulbert Wade, M.D.  
Bronxboro.

Accident or Suicide?

No.

Md. Co. Md.



Name  
in  
Full

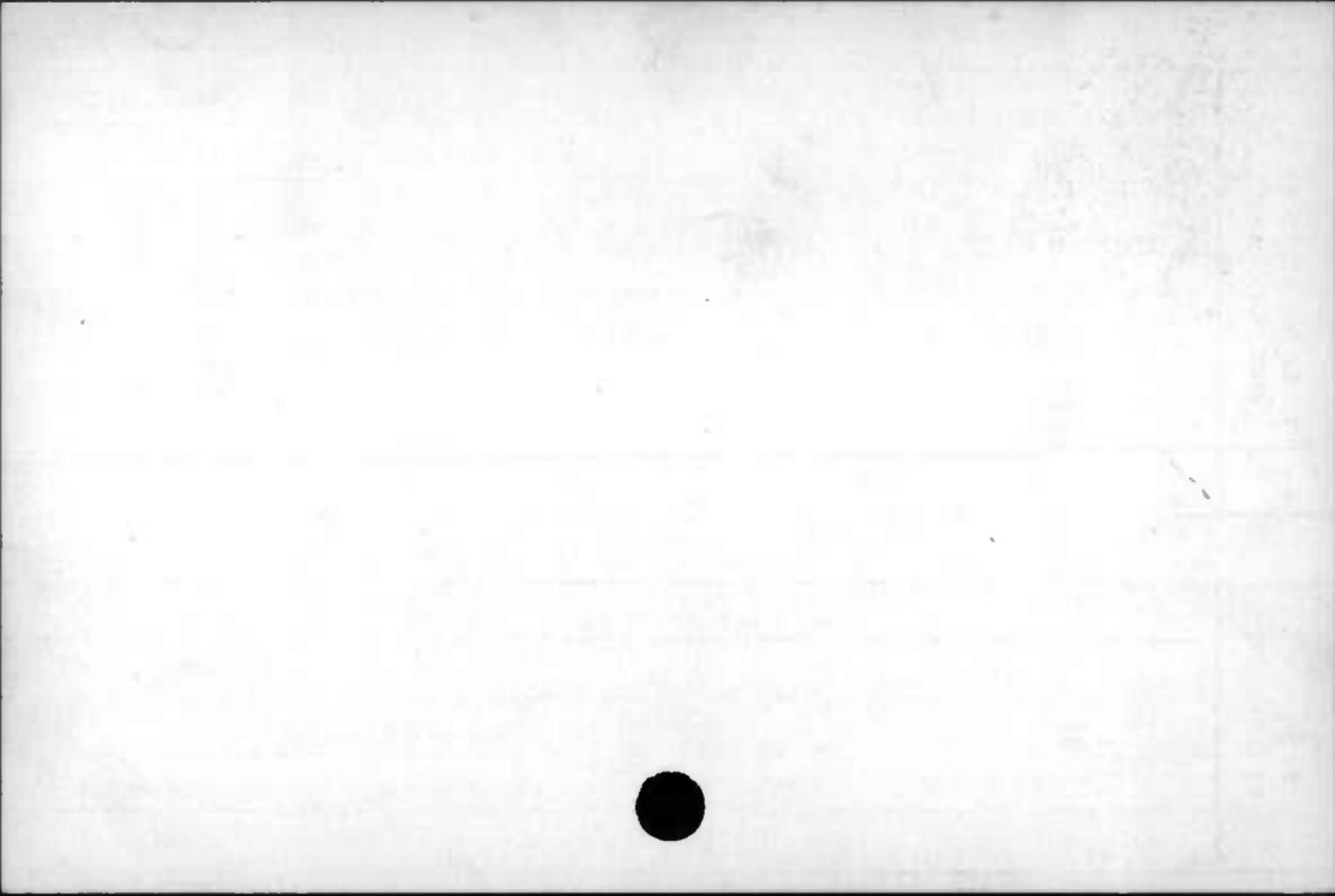
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Sarah Jane Lijer

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Hagerstown			
Father's Name	John Lijer				
Mother's Maiden Name	Sofia Barkdull				
Name of person giving Information	John Lijer				
CAUSES OF DEATH					
Primary	Fatty degeneration of breast				
Immediate	Cardiac failure				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long		
Yes			5 days		
Accident or Suicide?		Address	Hagerstown, Md		



Name  
in  
Full

David Lucksay

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

Hagerstown      Washington      Maryland

1907      1      1      33-      -      -

Male      White      md

Laborer      Hagerstown

Single      \_\_\_\_\_

James Lucksay      Belair

Jane Mc Lelannah      Bent Ryders

Matthew Lucksay      Brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	chronic endocarditis	How long	10 years (?)
	.. cardiac asthma	How long	191
Immediate	exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Victor Mueller, Jr.
		Address	Hagerstown, Md.
Accident or Suicide?	No		

Williamsport

Name  
in  
Full

Lewis William McCarty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	male	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	A. E. McCarty				
Mother's Maiden Name	Annie V. Crane				
Name of person giving Information	Annie McCarty mother.				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Apnoea Infantum

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. Schellup;  
Health Officer

Accident or Suicide?

Spring River  
C. M. Sutherland

Name  
in  
Full

John H. McCoy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1907	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, <input checked="" type="checkbox"/> or Widowed	Name of Wife or Husband	Conni Ingram			
Father's Name	John H. McCoy			Father's Birthplace	Bakerville
Mother's Maiden Name	Conni E. Hammond			Mother's Birthplace	"
Name of person giving information	E. Conni McCoy			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Killed by Train

How long

(165) —

How long

Immediate

Sustains death

Are the name, age, sex, color, date and place correctly given above?

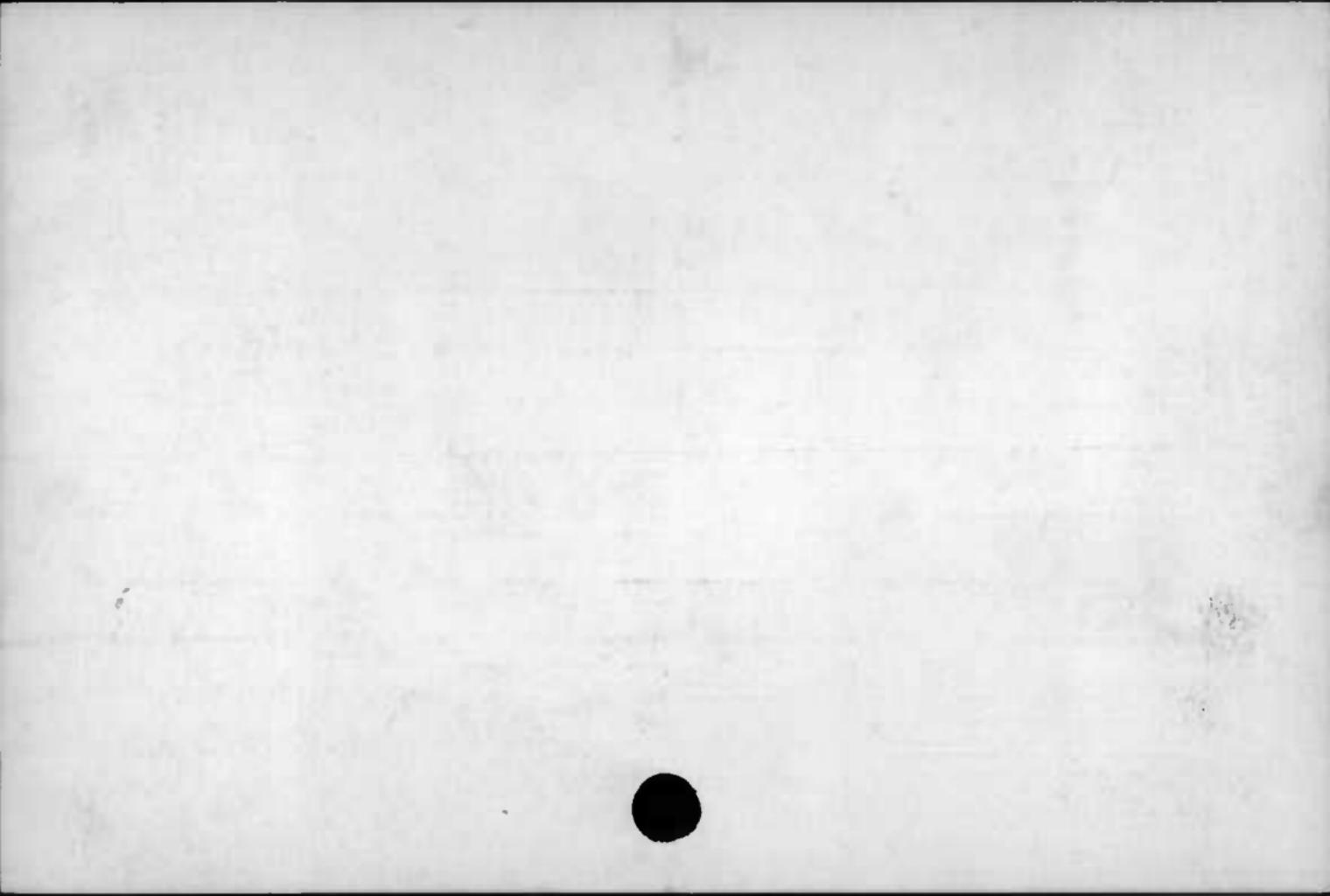
Yes.

Signature of Physician

Address

W. Richardson  
Williamsport Md

Accident or Suicide?



Name  
in  
Full

R. L. Matthews

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Not Known		
Mother's Maiden Name	" "		
Name of person giving Information	How related to deceased		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Burn

(16)

How long

Immediate

Shock

24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

W. Rush Miller

Hagerstown Md

Accident or Suicide?

Accident

Middleton Va

---

Name  
in  
Full

Hort. May hugh.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			
Died at Hancock Md.	Washington			
Date of death 1907 Jan. 25.	Month Day	Years	Months	Days
Sex Male.	Color or Race White	Age 42	0	0
Occupation None (Cripple)	Where Residing if not at place of death Died at Home			
Married, Single or Widowed Single	Name of Wife or Husband			
Father's Name Harvey May hugh.	Father's Birthplace Hagerstown, Pa.			
Mother's Maiden Name Annie Price	Mother's Birthplace Maryland			
Name of person giving Information R. H. May hugh.	How related to deceased Son Brother			

or Sliger

CAUSES OF DEATH

Primary

Pneumonia

(93)

How long

5 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. E. Sliger  
Hancock,  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

John Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Haltfway		Washington			
Date of death	Month	Day	Years	Months	Days	
1907	1	24	74	-	-	
Sex	Male	Color or Race	White.	Birth- place		
Occupation	Retired Farmer			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband		Mary Miller		
Father's Name	James Miller			Father's Birthplace		
Mother's Maiden Name	Dout Luvew			Mother's Birthplace		
Name of person giving Information	Mary Miller			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Heart trouble (10)  
How long  
How long

Immediate Emphysema

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?

Williamsport Med.  
All Cuffman

Name  
in  
Full

Sallie Virginia Muller

CERTIFICATE OF DEATH

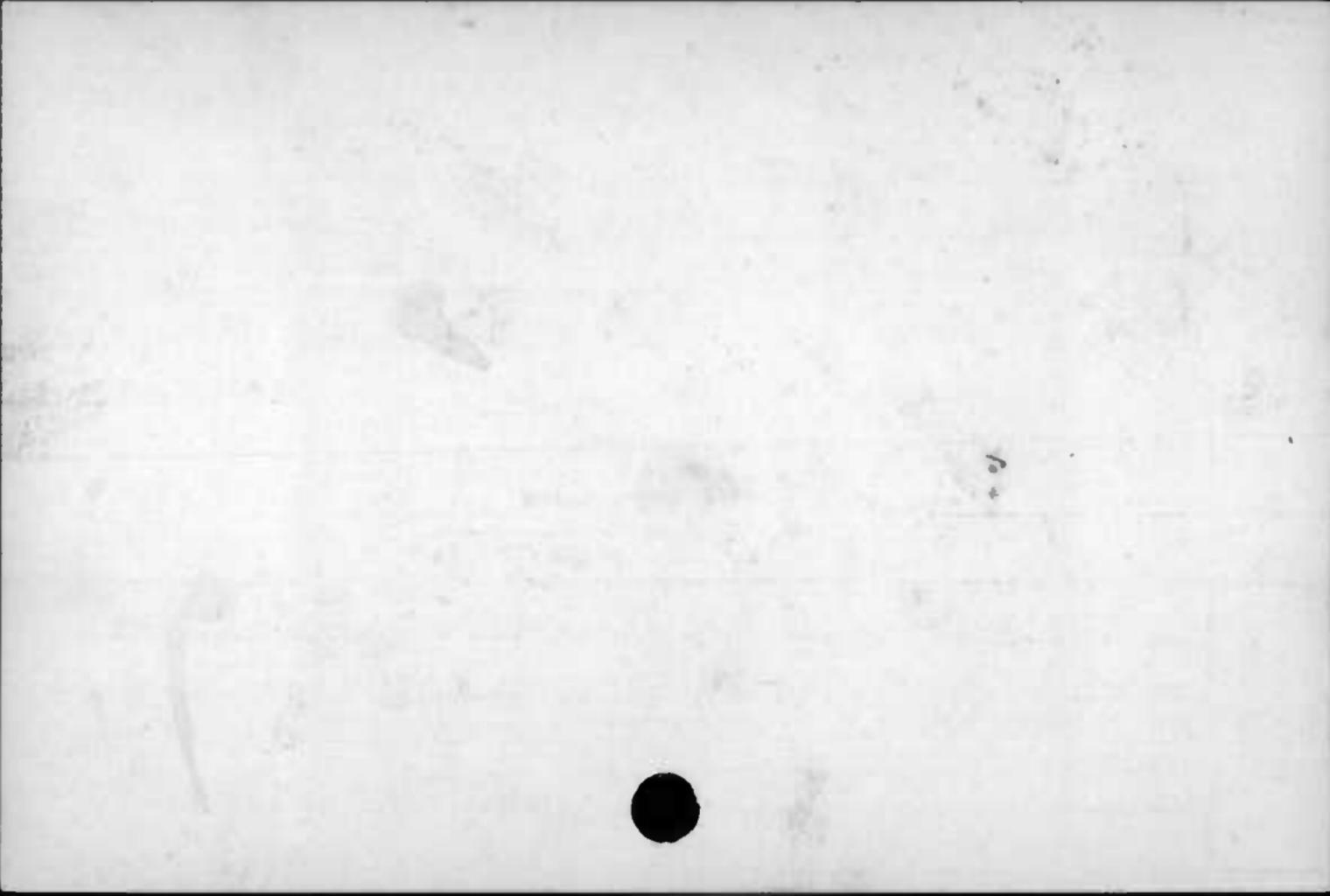
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Was-		County		MARYLAND		
Date of death 1907	Month Jan	Day 3	Age 43	Years	Months 10	Days 34		
Sex Female	Color or Race White	Birth-place Conococheague						
Occupation Housekeeper	Where Residing if not at place of death							
Married, Single or Widowed Married	Name of Wife or Husband Isaac Daniel Muller							
Father's Name Isaac Groves	Father's Birthplace Conococheague							
Mother's Maiden Name Sophia Cook	Mother's Birthplace Farrows Pa							
Name of person giving Information	How related to deceased Husband							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	One year
Immediate	Ed Radiation	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W.S. Richardson
		Address	Williamsport Md.
Accident or Suicide			



Name  
In  
Full

Loyd Edgar Minor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	own	County	MARYLAND
Date of death	Month	Years	Months
190	Jan	17	1
Age			Days
Sex	Male	Color or Race	white
Occupation		Where Residing if not at place of death	Lititzburg
Married, Single or Widowed	Single	Name of Wife or Husband	Lititzburg
Father's Name	William E. Minor	Father's Birthplace	Hagerstown
Mother's Maiden Name	Carrie B. minor	Mother's Birthplace	Lititzburg
Name of person giving Information	William E. Minor	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Patulous Foramen Ovale, Infection

How long

1 month - 4 dys

Immediate

Heart Failure

How long

Recently from his

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

T. Robert W. Wilson

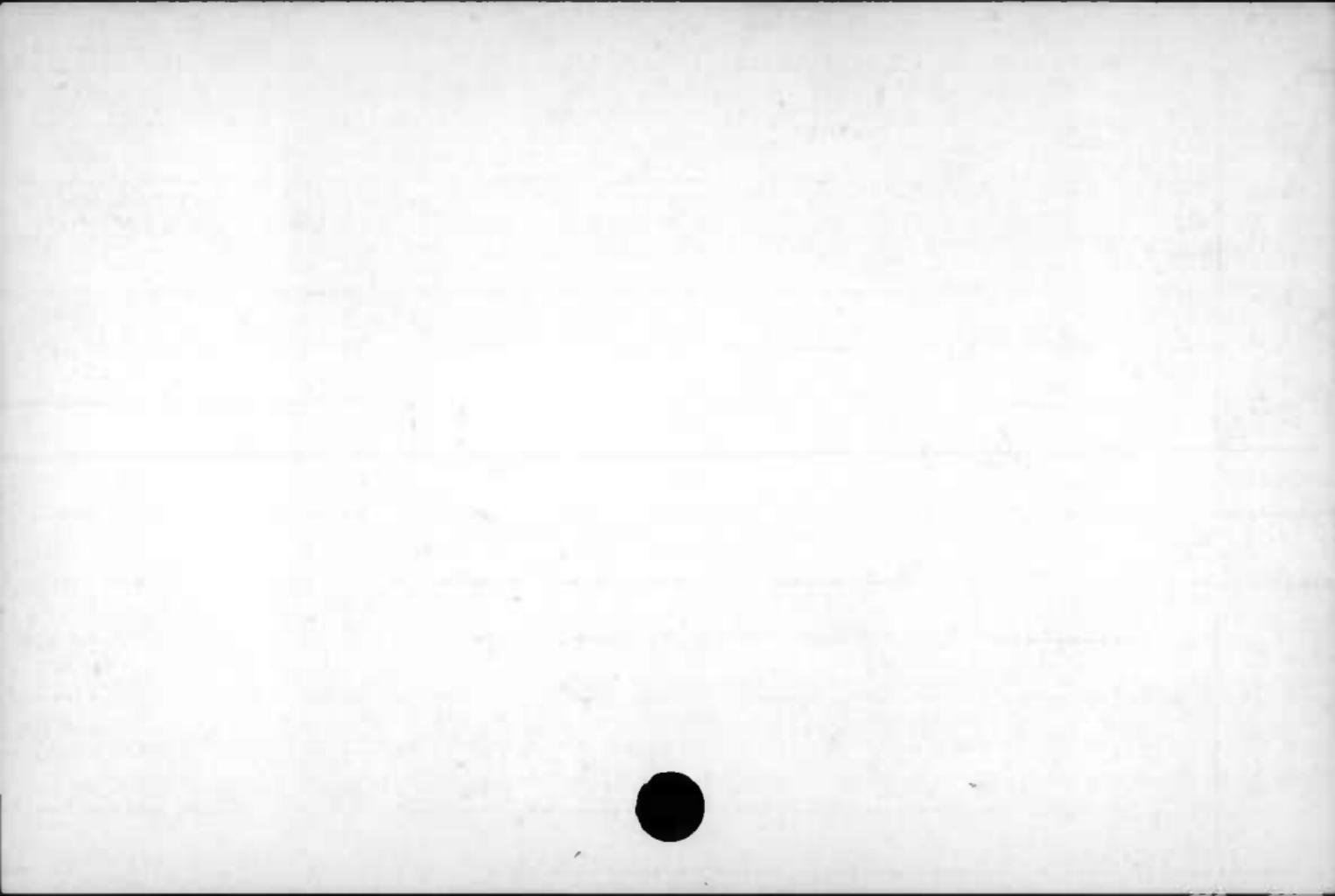
Address

Lititzburg

Maryland

Accident or Suicide

Yes



Name  
in  
Full

Preston V. Moats.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Hagerstown	Wash				
Date of death	Month	Day	Years	Months	Days	
1907	1	18	—	4	8	
Sex	Male	Color or Race	White	Birth-place	Hagerstown.	
Occupation	—	Where Residing if not at place of death			Hagerstown	
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Herbert Moats.			Father's Birthplace	Hagerstown	
Mother's Maiden Name	Mattie Palmer			Mother's Birthplace	Hagerstown	
Name of person giving Information	Herbert Moats.			How related to deceased	Father	

CAUSES OF DEATH

Primary	Marasmus		How long	3 months	
Immediate	Acute Bronchitis.		(90)	How long	few days.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	V. C. Danville & J. Hagerstown, Md.		
		Address			
Accident or Suicide?	No.				

Mawr.

Name  
in  
Full

TO BE ANSWERED BY

NEAREST FRIEND

Anna Catherine Moore  
Died at Indianspring Brook

## CERTIFICATE OF DEATH

MARYLAND

Date of death 1907	Month /	Day 25-	Age 18	Years	Months	Days
Sex Female	Color or Race White	Birth-place Med				

**Occupation** \_\_\_\_\_ **Where Residing if not at place of death**

Married, Single  
or Widowed \_\_\_\_\_ Name of Wife or  
Husband \_\_\_\_\_

Father's Name *Jack Moore*

Mother's  
Maiden Name

Name of person giving  
Information

Primary

## Chronic Phthisis

### Immediate

## Exhaustion

## **CAUSES OF DEATH**

How long

1½ yrs

## How long

Are the name, age, sex, color, date  
and place correctly given above?

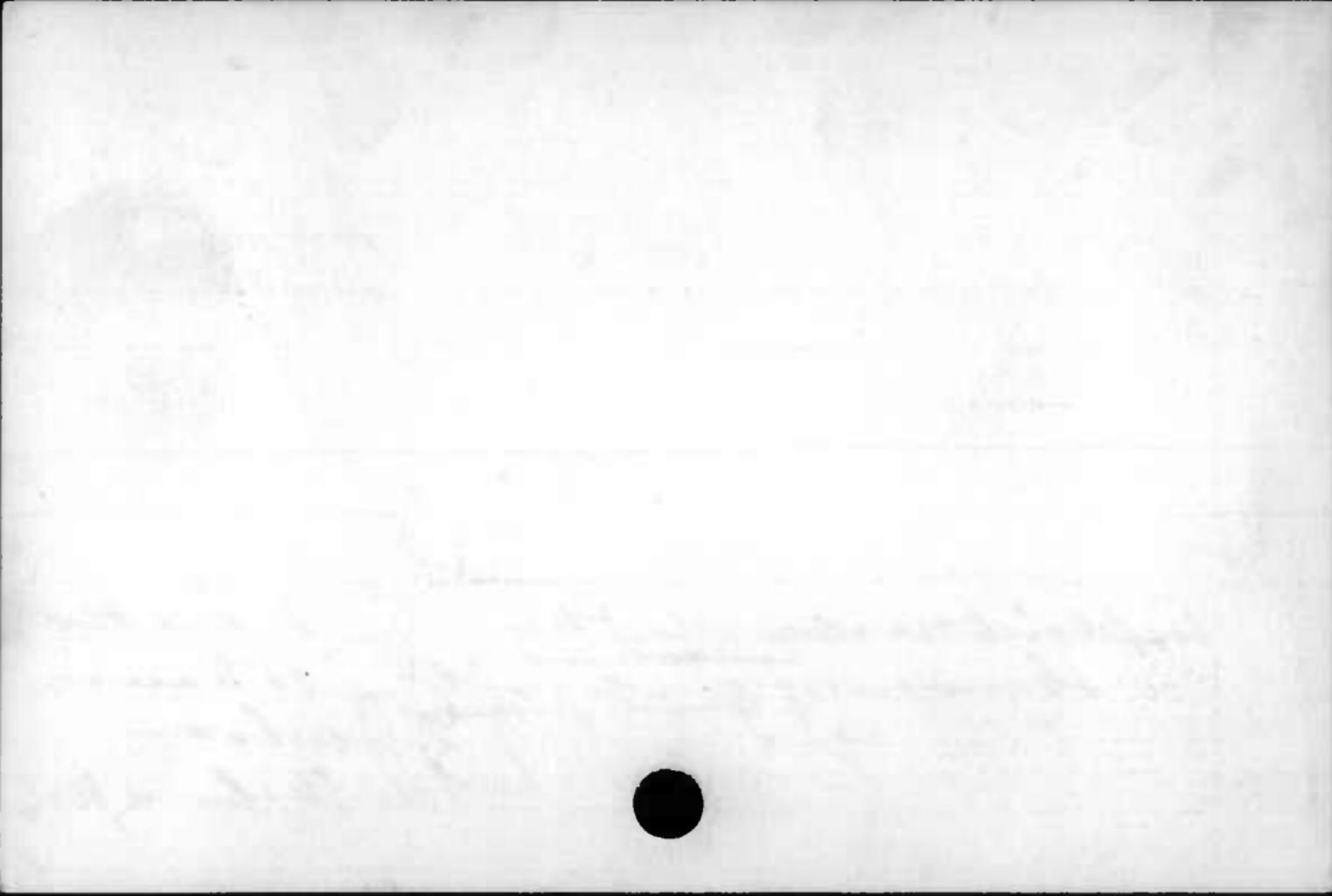
Signature  
Physician

### Address

~~E. T.~~ Mason.

Clearspring <sup>me</sup>

Accident or Suicide?



Name  
in  
Full

Susan Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

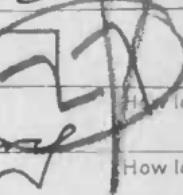
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Female	Color or Race	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	George Morgan	
Father's Name	Lewis Hutzel		
Mother's Maiden Name	Catherine Schrader		
Name of person giving information	George Morgan		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis Pulmonary



How long

5 years.

Immediate

Exhaustion, Debility

How long

2 months.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Hubert Wade, M.D.  
Baltimore.

Accident or Suicide?

No

Ind.



Name  
in  
Full

Infant Baby Muyit

CERTIFICATE OF DEATH

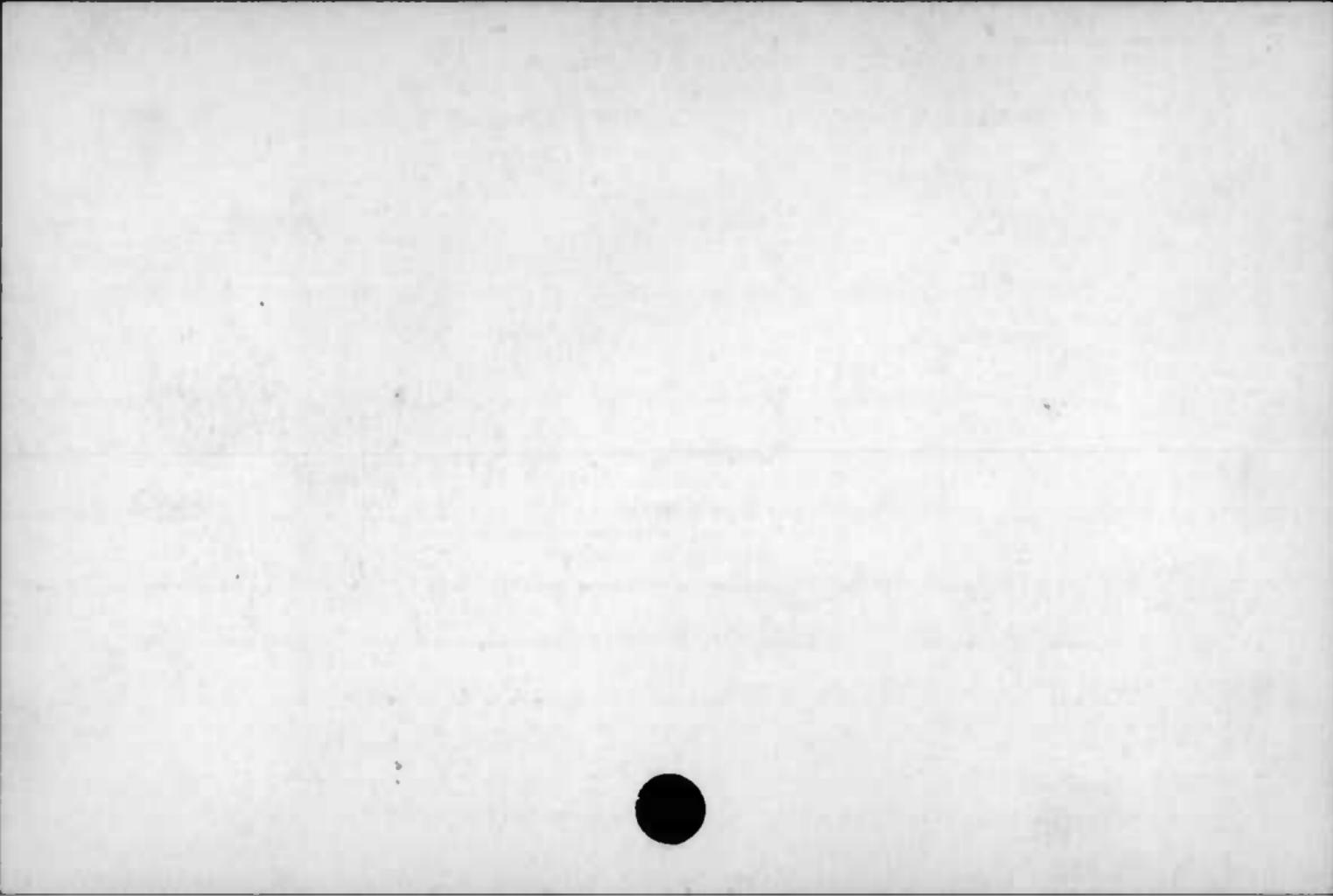
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	None				
Mother's Maiden Name	Franklin Co Pa				
Name of person giving Information	Mother by Mr. Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still Born	How long	—
Immediate		How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr M D Kefauver
		Address	Smithsburg Maryland
Accident or Suicide?	No.		



Name  
in  
Full

Maggie Murphy

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1907	Jan	14	28
Age	Months	Days	
Sex	Color or Race	Birth-place	
Female	white	Md.	
Occupation	Where Residing if not at place of death		
House Maid			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Md.
Single	-	Mother's Birthplace	Md.
Father's Name	How related to deceased		
Edward Murphy	None		
Mother's Maiden Name			
Mary Day			
Name of person giving information			
Wm Elkins			

CAUSES OF DEATH

Primary	Consumption (2)	How long
Immediate	Asphyxia	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	P.E. Shipe
	Address	Hancock, Md.
Accident or Suicide?		

DEATH CERTIFICATE

NAME

Age	130
Date	1966
Name	Wife
Husband	Wife
Father's	Wife
Mother's	Wife
Names of persons giving information	Wife
How long	Wife
of deceased	Wife
How long	Wife
Names of bereaved	Wife
In whose care	Wife

CAUSES OF DEATH

Address	Physical signs	Signature of physician	Are the names, age, sex, color, etc.	Witness
How long				
How long				
REMARKS				
<p style="text-align: right;">A request for services</p> <p style="text-align: right;">A request for services</p>				

Name  
in  
Full

Catherine, Anilia, Potts

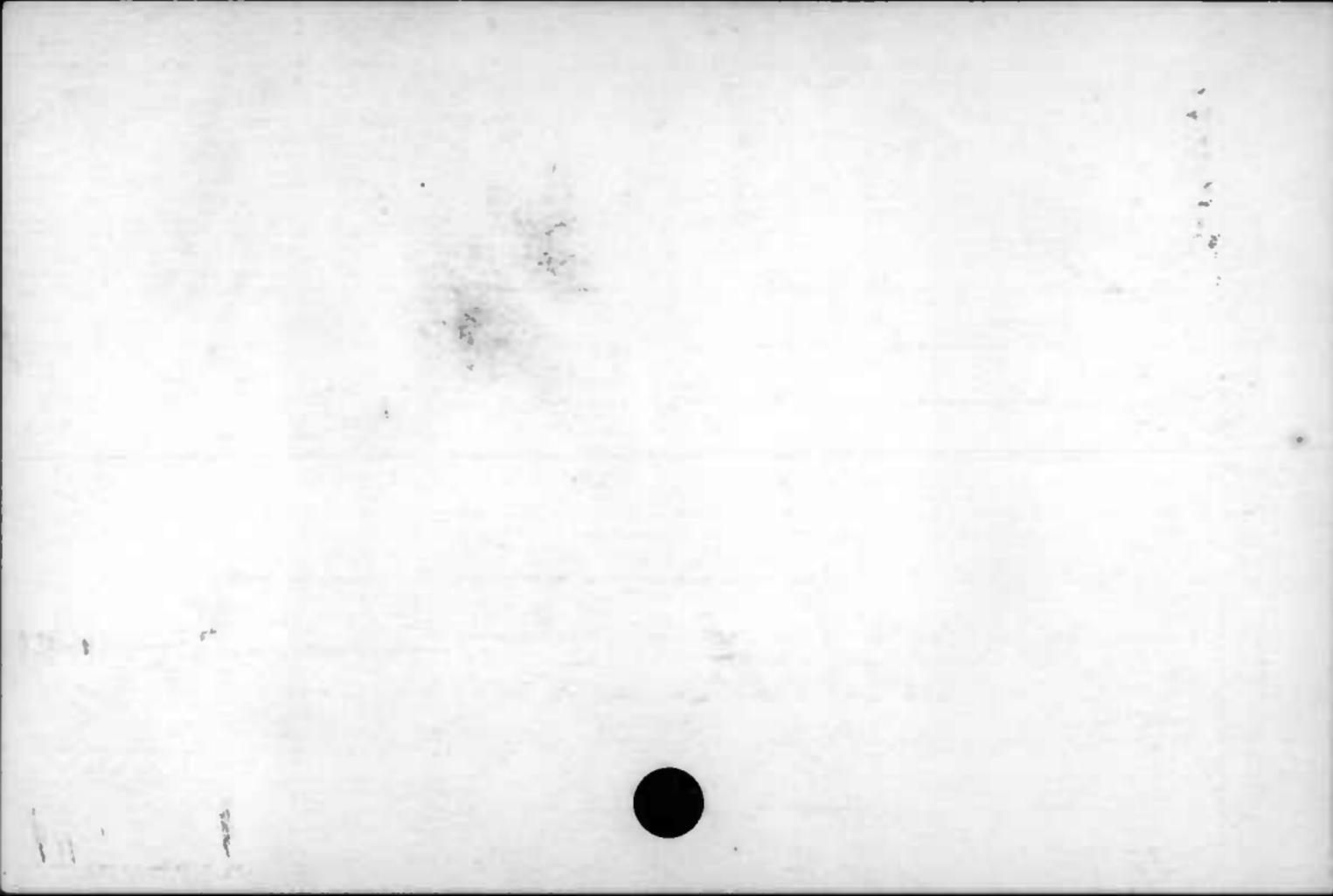
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
<u>Married, Single or Widowed</u>	<u>Name of Wife or Husband</u>	<u>Pinesburg</u>	
Father's Name	<u>Geo Potts.</u>		
Mother's Maiden Name	<u>Elizabeth Harsh.</u>		
Name of person giving information	<u>Geo Potts.</u>		
CAUSES OF DEATH			
Primary	<u>Acuti Parenchymal Nephritis</u>		
Immediate	<u>Uremia and Edema of lungs</u>		
Are the name, age, sex, color, date and place correctly given above?		<input checked="" type="checkbox"/> <u>yes</u>	
		Signature of Physician	<u>John M. Werby</u>
		Address	<u>Williamsport</u> <u>Maryland</u>
		<input checked="" type="checkbox"/>	

Accident or Suicide?



Name  
in  
Full

Jackson Potts

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
1907	21	Age 90	-
Sex	Color or Race	Birth- place	Days
Male	White	md	-
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Louisa Potts	
Widower	Samuel Potts	Father's Birthplace	md
Mother's Maiden Name	Sapt Knour	Mother's Birthplace	md
Name of person giving Information	Jr Potts	How related to deceased	'son

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Semily  
Exhaustion (154)

How long

2 yrs

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Q

yes

Signature of  
Physician

Address

Monomoor  
Hagerstown md

Accident or Suicide?

no

Hawcock NC  
A.R. Epperson

5-2-9-9-4-32  
5-  

---

4  
93

Name  
in  
Full

David Protzman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Between Ringgold & Smithsburg County Washington MARYLAND  
Date of death 1907 Month Jan Day 8<sup>th</sup> Age 81 Months 8 Days 7

Sex Male Color or Race White

Birth-place Near Smithsburg Md

Occupation Small Farmer

Where Residing if not  
at place of death

Smithsburg

Married, Single or Widowed Widower

Name of Wife ~~Husband~~

Sarah Singer

Father's Name

Ludwig Protzman

Father's Birthplace

Near Smithsburg Md

Mother's Maiden Name

Eve Mary Schenfeld

Mother's Birthplace

Out Town

Name of person giving information

Dr Jos. Protzman

How related to deceased

Son

CAUSES OF DEATH

Primary

Influenza

How long

Several days

Immediate

Nephritis & Pulmonary Edema

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Joseph Protzman

Address

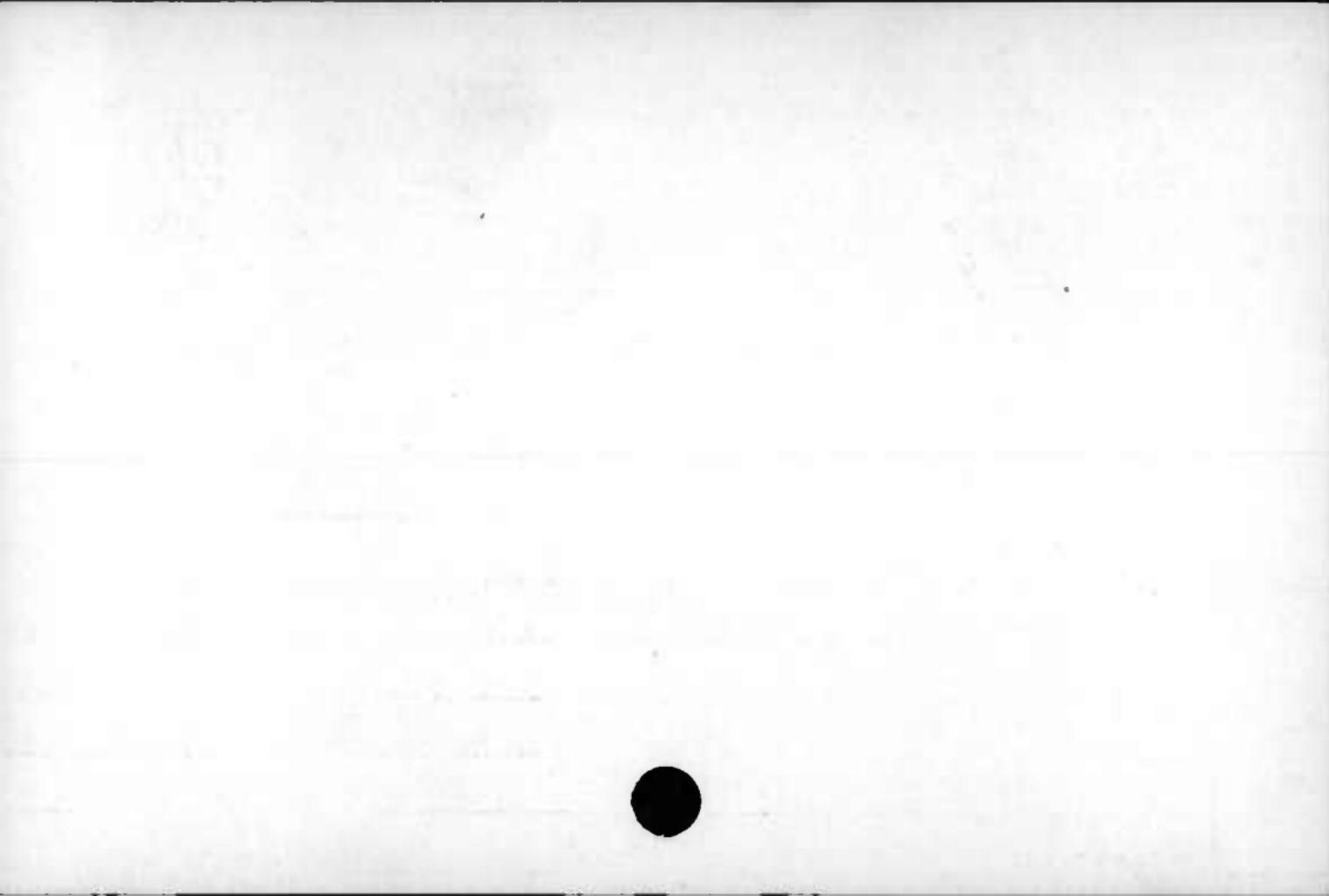
Smithsburg

Accident or Suicide?

No.

Maryland

LIBRARY BUREAU ADDRESS



Name  
in  
Full

Maria Rye

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND	
Died at Indiana spring	Wash	Months	Days
Date of death 1907 Jan 18	Age 85	2	8
Sex Female	Color or Race Negro	Birth-place	Virginia
Occupation Housewife	Where Residing if not at place of death		
Married Single or Widowed 26 years	Name of Wife or Husband Samuel Rye	Father's Birthplace	Virginia
Father's Name Samuel Williams	Mother's Birthplace	Virginia	
Mother's Maiden Name Rebecca Williams	Name of person giving information Nettie Collins	How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Broncho-pneumonia

How long

One week

Immediate

Heart failure

How long

Twenty four hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Abraham Shank

Clearspring  
Washington County

Accident or Suicide?

1

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Nellie Inez Remer

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Occupation					
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Birthplace		
Father's Name	Otto Remer	Otto Remer	Md.		
Mother's Maiden Name	Sallie Kaysen	Mother's Birthname			
Name of person giving information	Otto Remer	How related to deceased	father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pneumonia

Immediate Heart failure

Are the name, age, sex, color, race and place correctly given above?

yes

Signature of Physician

Address

Otto Remer

Hagerstown

Accident or Suicide?

No

Broadfoing

Name  
in  
Full

Mattie Robeson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 190	Month	Day	Years	Months	Days	
Sex Female	Color or Race	Colored	Maryland			
Occupation Housewife	Where Residing if not at place of death died at home.					
Married, Single or Widowed Widow	Name of Wife or Husband	Frank C. Curtis				
Father's Name Lewis Robeson	Father's Birthplace Maryland					
Mother's Maiden Name Nancy Moxley	Mother's Birthplace "					
Name of person giving Information	Nora Moxley	How related to deceased, & Cousin				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

Consumption

(21)

How long

Are the name, age, sex, color, date and place correctly given above?

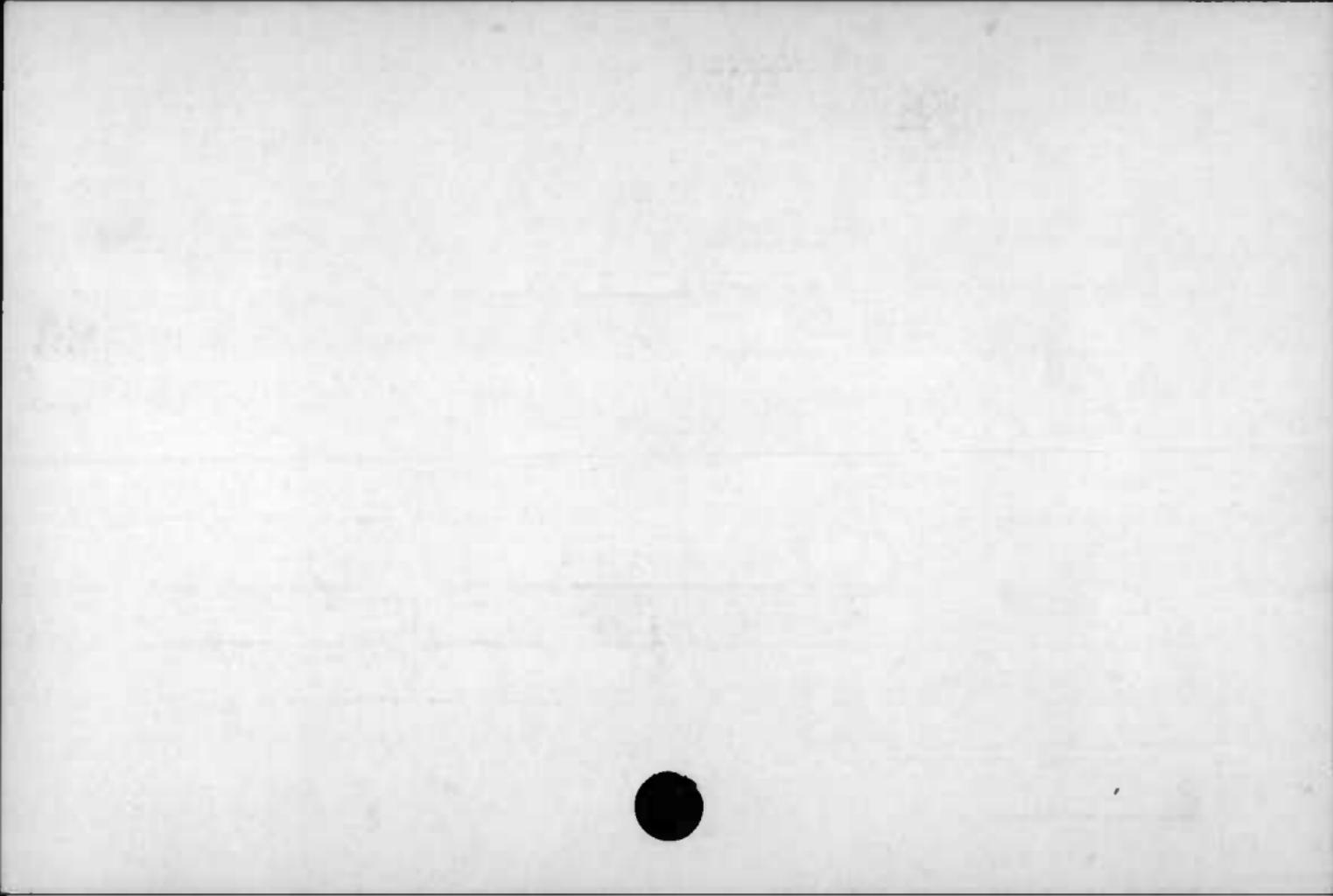
Signature of Physician

3 years

James S. Webster

Address

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Benjamin F Santman				CERTIFICATE OF DEATH		
Died at	Town	County	State			
Died at	Kendallsville	Washington	MARYLAND			
Date of death	1907	Month 1	Day 29	Age 80	Years	Months 4
Sex	Male	Color or Race	White	Birth-place	Shippensburg	Days 3
Occupation	Laborer		Where Residing if not at place of death	Kendallsville		
Married, Single or Widowed	Name of Wife or Husband		Susan A Santman			
Father's Name	Dont-Know		Father's Birthplace	Dont-Know		
Mother's Maiden Name	Margaret Snyder		Mother's Birthplace	Shippensburg		
Name of person giving information	Susan E		How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Mitral Heart Disease 9 How long 8 years

Immediate Death 9 How long 1 month

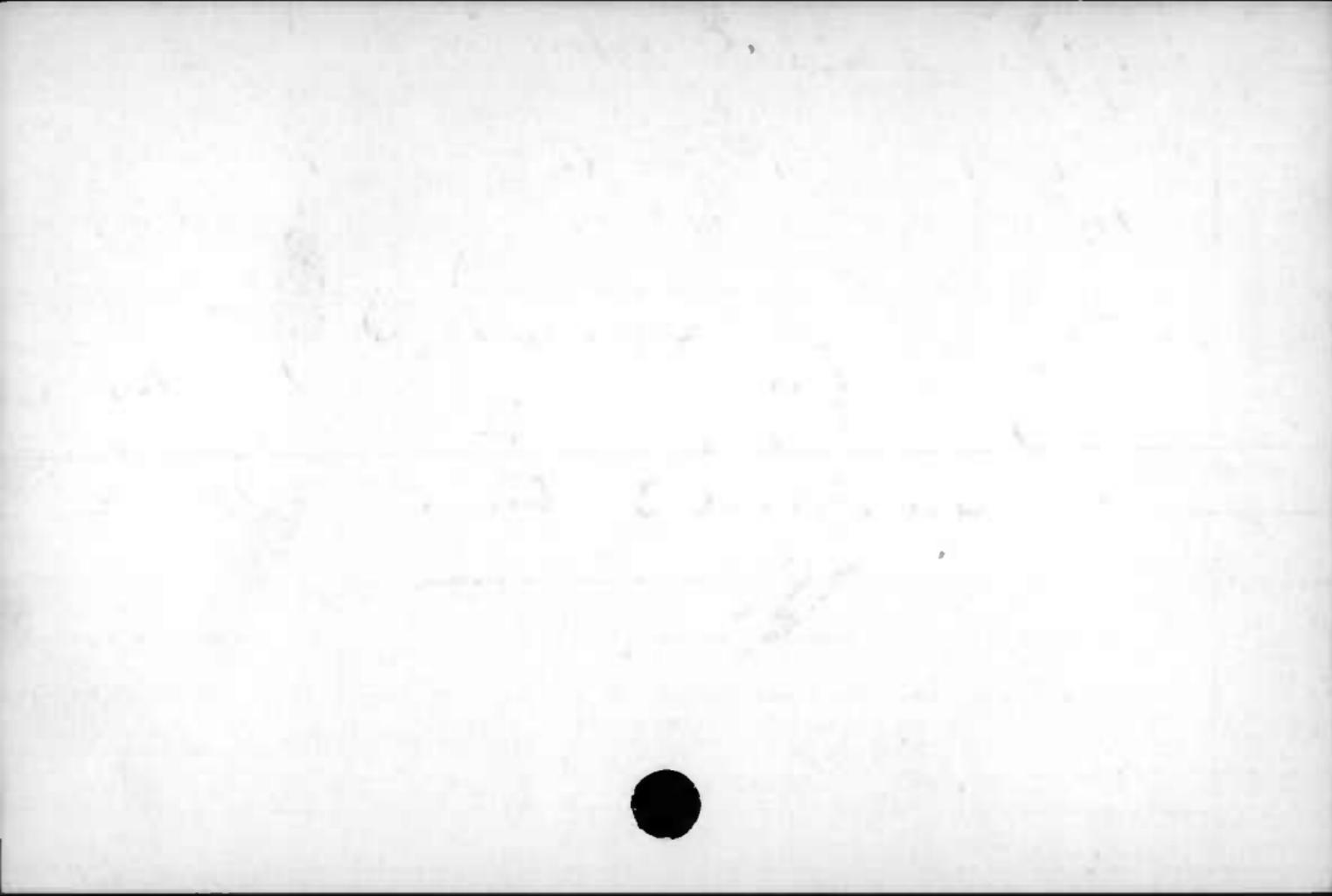
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. M. Nihiser  
Kendallsville  
Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

John J. Schlotterbeck Sr.				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	Month	Day	Years	Age	Months	Days	
190	9	1	13	75	3	29	
Sex	male	Color or Race	white	Birth-place	Germany		
Occupation	Retired Farmer			Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife	H	Father's Birthplace	Unknown		
Father's Name	John J. Schlotterbeck			Mother's Birthplace	Unknown		
Mother's Maiden Name	Unknown			How related to deceased	son		
Name of person giving Information	J. J. Schlotterbeck Jr.						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Organic Heart Disease

How long

19 several years

Immediate

Cardiac failure

No longer

Are the name, age, sex, color, date  
and place correctly given above?

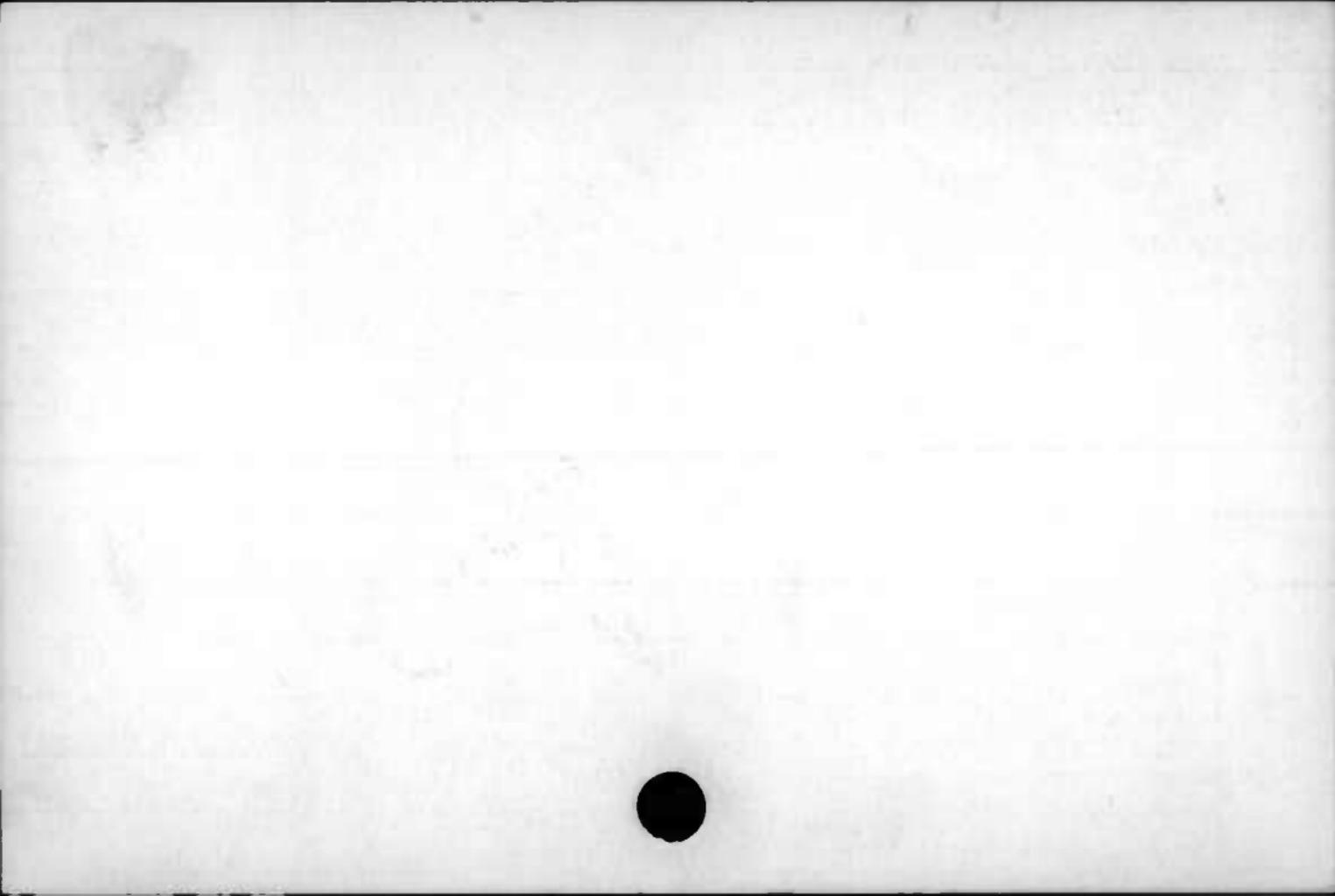
Yes

Signature of  
Physician

Address

J. M. Scott  
Hagerstown -

Accident or Suicide



Name  
in  
Full

Ralph Lester Shank.

CERTIFICATE OF DEATH

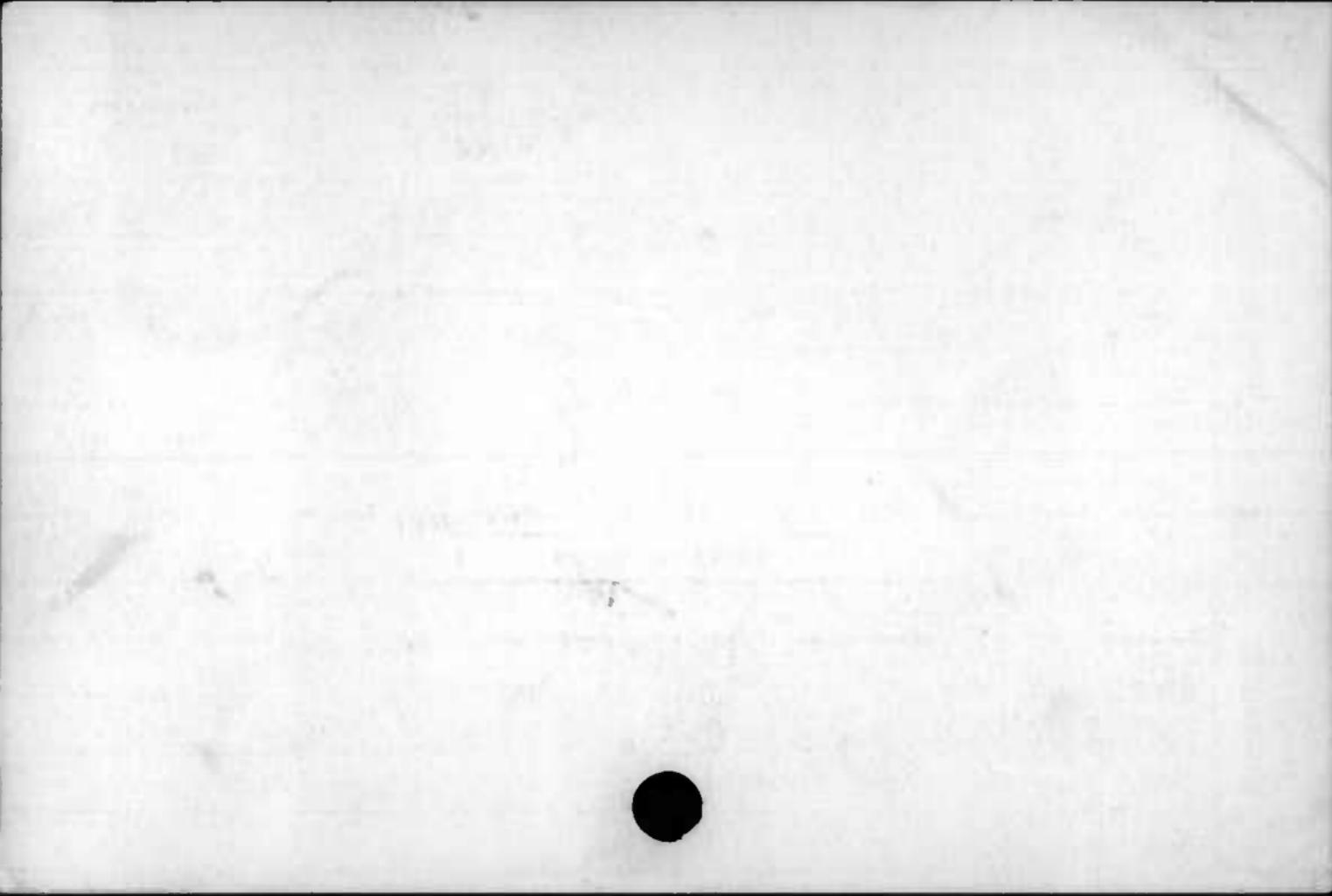
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			MARYLAND	
2 Locks.	Washington					
Date of death	Month	Day	Years	Months	Days	
1907	1	12	2	4	-	
Sex	Color or Race	Birth-place			2 Locks.	
Male	white	2 Locks.			2 Locks.	
Occupation	Where Residing if not at place of death					2 Locks.
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John D. Shank					Father's Birthplace
Mother's Maiden Name	Melvina Gossard					Mother's Birthplace
Name of person giving information	John D. Shank					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchitis Pneumonia	(92)	How long	5 days
Immediate	Heart Failure	(92)	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J.P. Perry	
Yes		Address	Clearspring Md	
Accident or Suicide?				



Name  
in  
Full

Susan Shoop

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Williamsport	Washington		
Date of death	Month	Years	Months Days
1907	January	23	3 12
Age	Color or Race	white	
Sex			Birth-place
female			Williamsport
Occupation	Where Residing if not at place of death		
Housewife	Williamsport		
Husband, S. - Widower	Name of Wile or Husband	wife of Adam Shoop.	
Father's Name	Daniel	Father's Birthplace	Williamsport
Mother's Maiden Name	Susan	Mother's Birthplace	Williamsport
Name of person giving information	Miss Filly Shoop, her daughter	How related to deceased	daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Old age

How long

154

Immediate

Old age

How long

Are the name, age, sex, color, date and place correctly given above?

yes

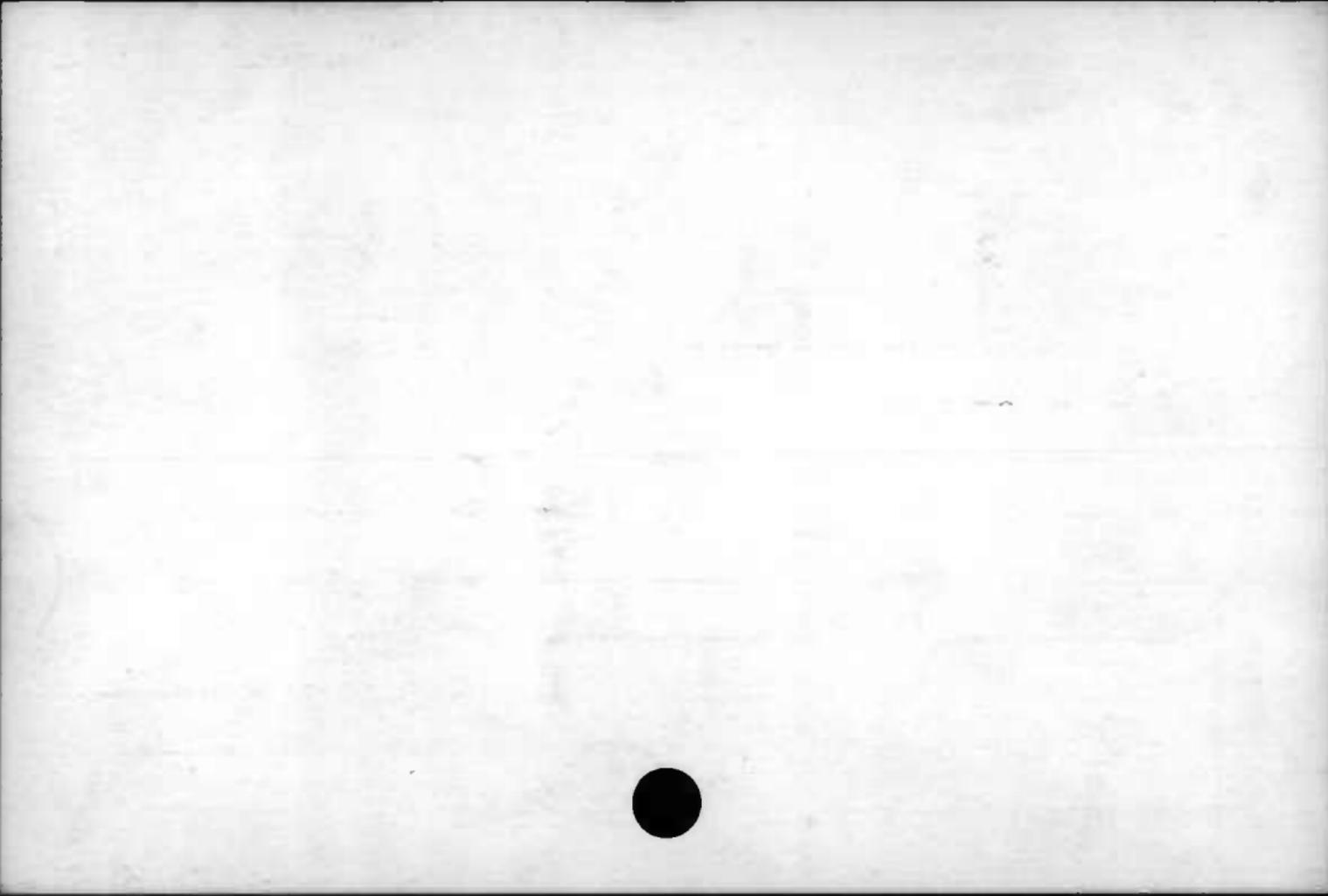
Signature of Physician

Dr. D. G. Lasher

Address

Williamsport Md

Accident or Suicide?



Name  
in  
Full

Sanford Shroder

CERTIFICATE OF DEATH

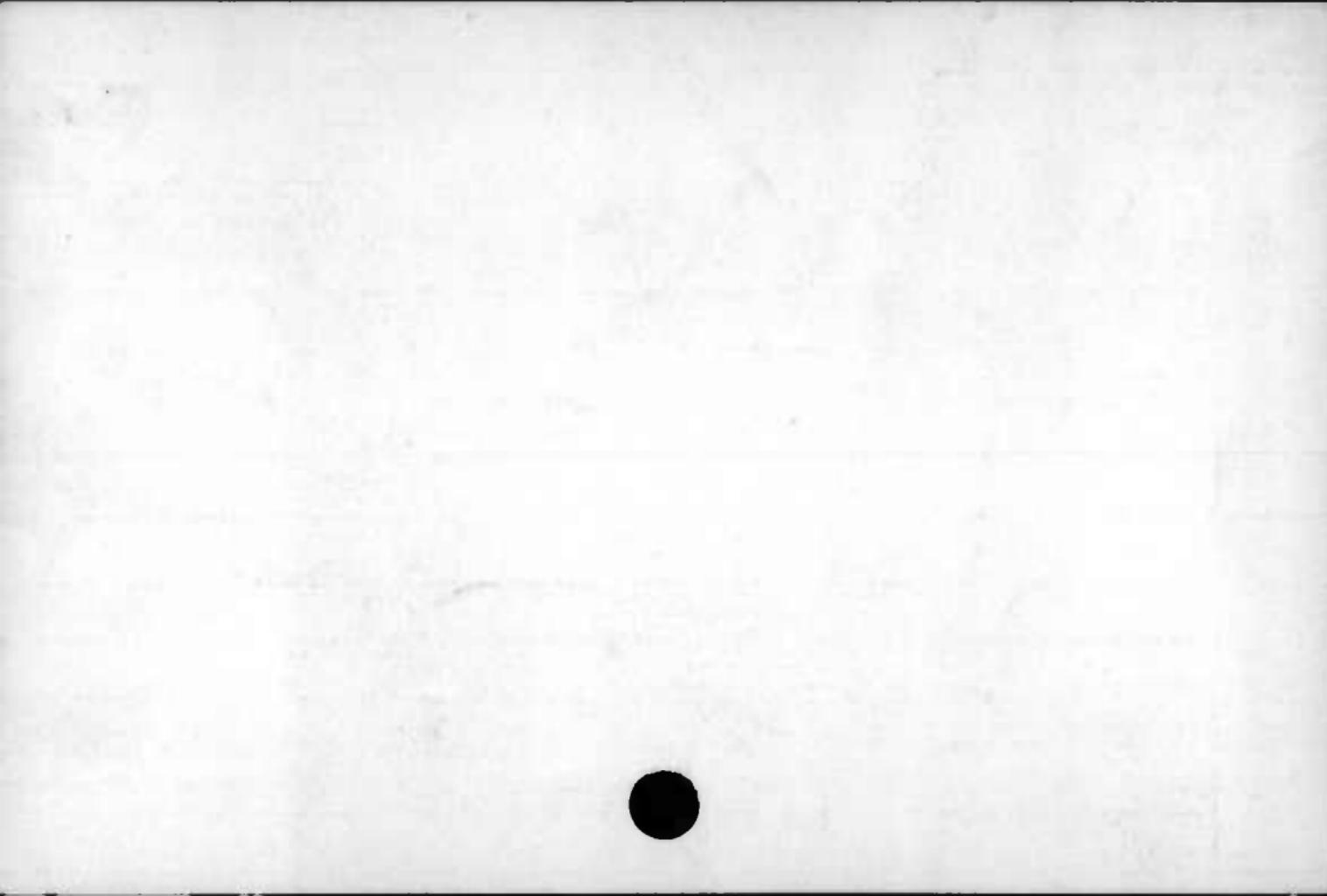
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Barry B. Shroder			Father's Birthplace	2nd.
Mother's Maiden Name	Della Keefer			Mother's Birthplace	"
Name of person giving information	B. B. Shroder			How related to deceased	Father

CAUSES OF DEATH

Primary	cerebral hemorrhage		How long
Immediate	Heart Failure		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. J. Marbois
Address	Hagerstown Md		
Accident or Suicide?	No		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Emma J. Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Age	Years	Months Days
Sex	Female	Color or Race	White	Birth-place	Near Wmport
Married, Single or Widowed	Widow	Occupation	House wife		
Name of Wife or Husband	Wm H. Snyder				
Father's Name	Isaac Bidenton	Father's Birthplace	Pa		
Mother's Maiden Name	Sarah Diehl	Mother's Birthplace	Md		
Name of person giving information	Isaac. Snyder	How related to deceased	son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary consumption and chronic bright disease

How long

two years

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

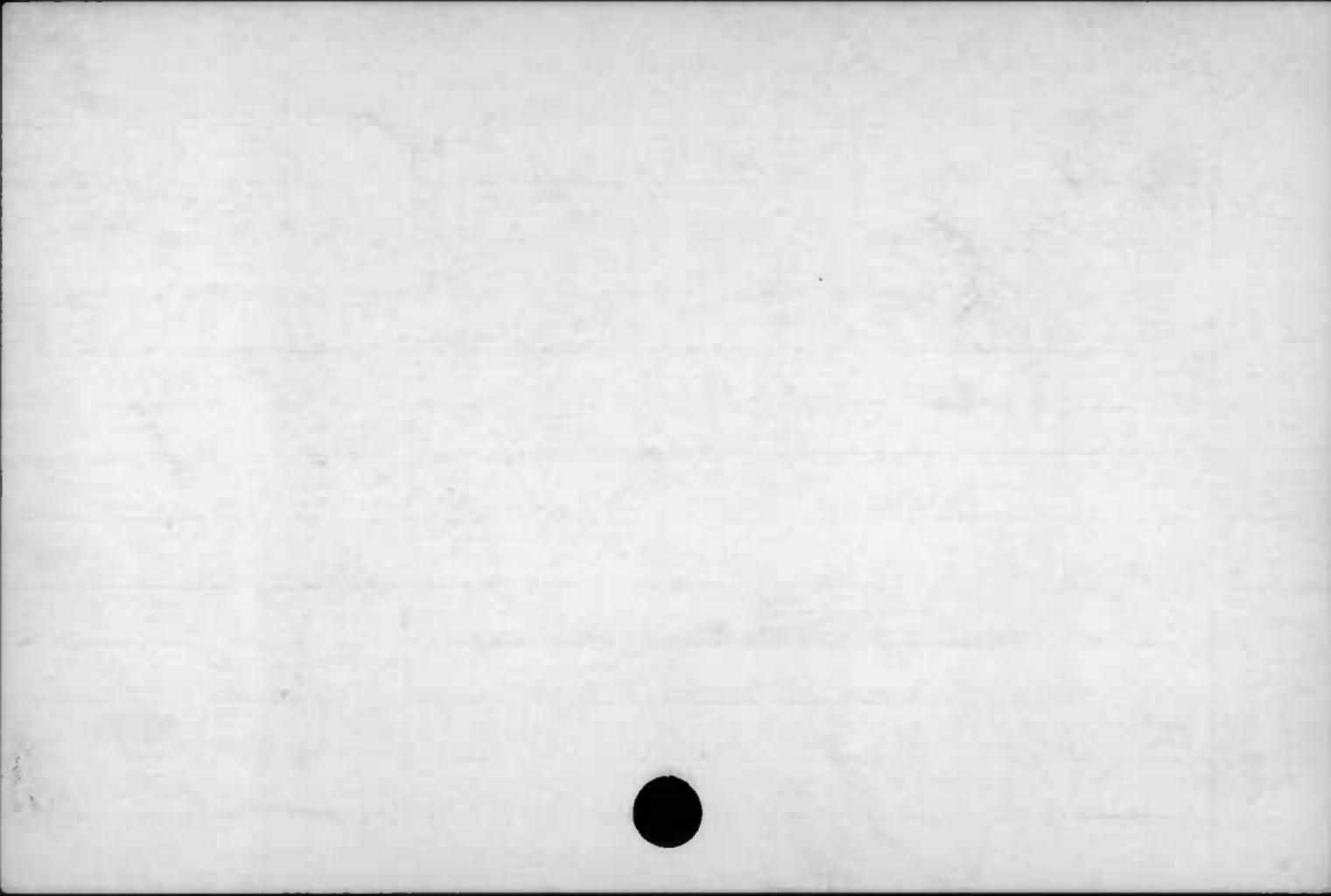
Signature of Physician

Dr D.J. Lasher

Address

Williamsport Md

Accident or Suicide?



Name  
in  
Full

Noah J. Thomas

CERTIFICATE OF DEATH

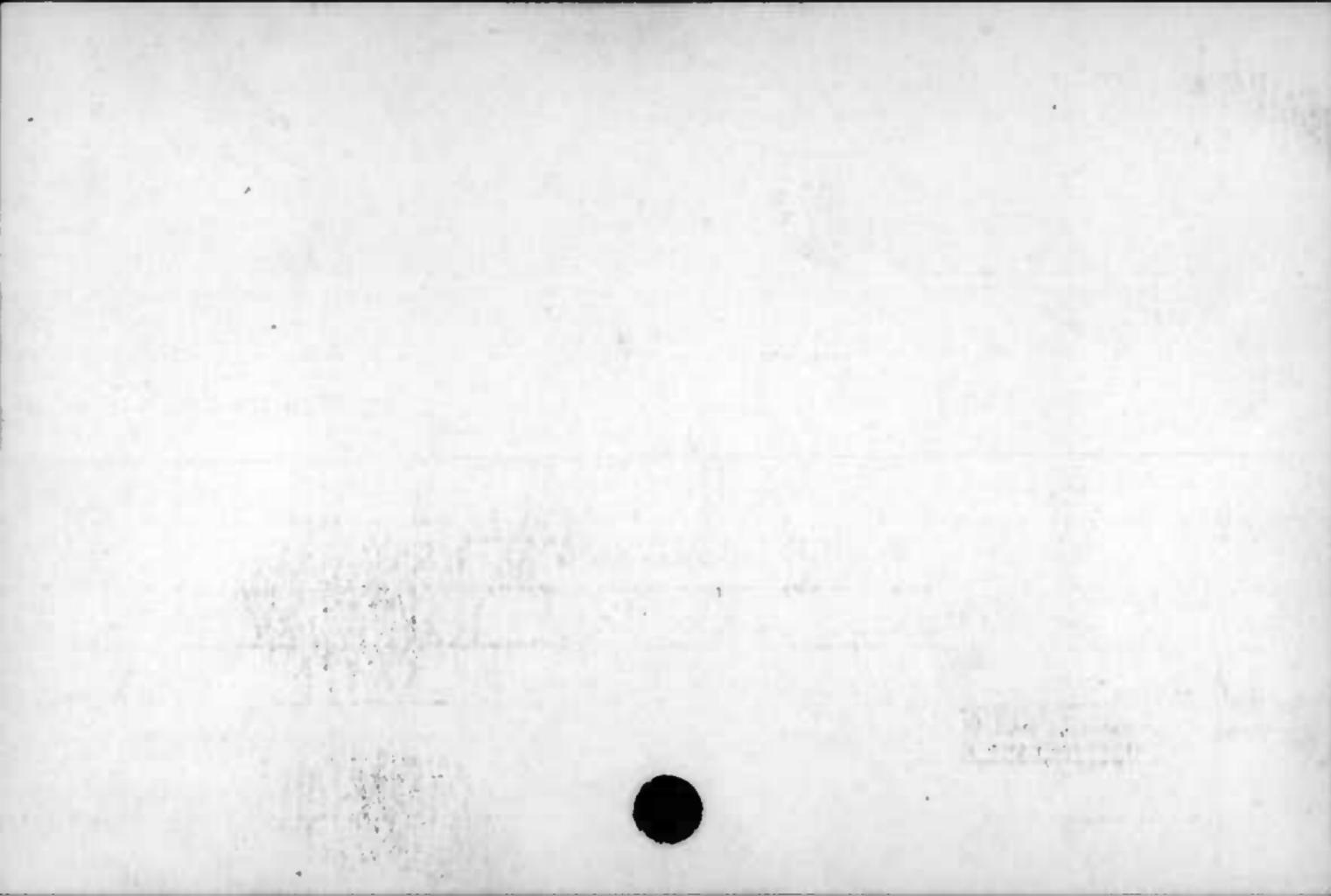
TO BE ANSWERED BY  
NEAREST FRIEND

Town	County					
Died at Boonsboro	Washington					
Date of death 1907	Month Jan	Day 10 <sup>th</sup>	Age 77	Years	Months 11	Days 13
Sex Male	Color or Race White	Birth-place Maryland				
Occupation Farmer	Where Residing if not at place of death					
Married, Single or Widowed Widower	Name of Wife or Husband					
Father's Name George Thomas	Father's Birthplace Md.					
Mother's Maiden Name Sarah Schlosser	Mother's Birthplace Md.					
Name of person giving Information Harry E. Thomas	How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Arthritis & rheumatism	Chrome	How long 7 yrs -
Immediate Carcinoma	face	How long 18 months -
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. C. Wheeler	
Address Boonsboro		
Accident or Suicide?	Washington Co.	



Name  
in  
Full

Marguerite Blanche Turner  
Rockdale Wash.

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Town	County				
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Howard C. Turnes					Father's Birthplace
Mother's Maiden Name	Marguerite A. Herbert					Mother's Birthplace
Name of person giving information	Howard Turnes					How related to deceased

## CAUSES OF DEATH

Primary

Interstitial Nephritis 3 yrs

(10)  
How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

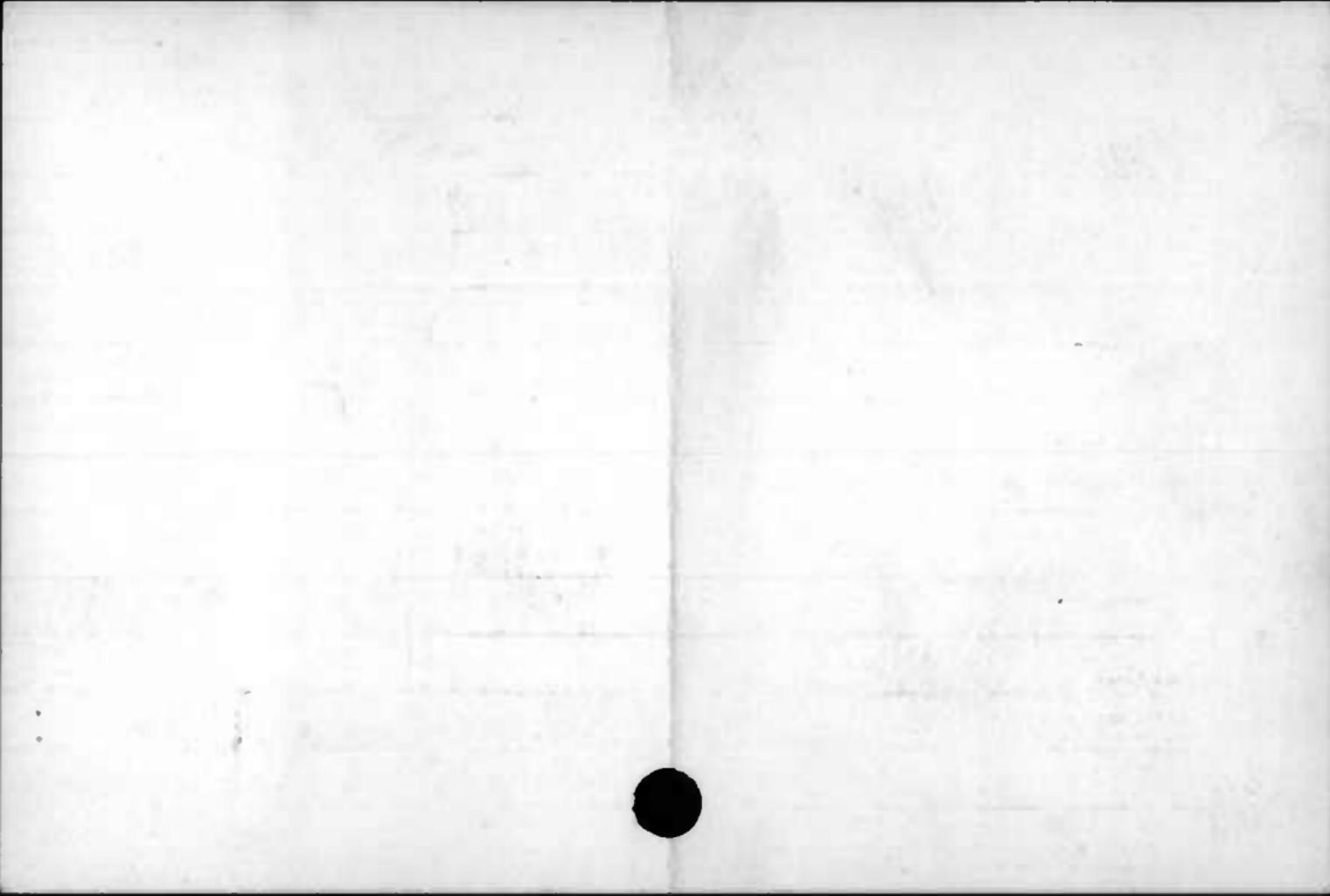
Signature of Physician

Address

Howard Boose,  
Hagerstown, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jasper M Unger

Town

County

Died at Hagerstown

Washington

MARYLAND

Date  
of death 1907

Month 1

Day 3

Years 66.

Months 10

Days 2

Sex Male

Color or  
Race

White

Birth-  
place

Md

Occupation

Huckster

Where Residing if not  
at place of death

Hagerstown

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary Harris

Father's  
Name

dont know

Father's  
Birthplace

—

Mother's  
Maiden NameMother's  
Birthplace

—

Name of person giving  
InformationHow related  
to deceased

Son

Frank Unger

## CAUSES OF DEATH

Primary

Stroke

How long

5 weeks

Immediate

Exhaustion

147

How long

—

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Monroe

Q

Address

Hagerstown  
Md

Accident or Suicide?

no

*Cauetown*

Name  
in  
Full

Anna M. Winters

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at Hagerstown	Washington				
Date of death 1907	Month 1	Day 8	Years 37	Months —	Days —
Sex Female	Color or Race White	Birth-place Pa			
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Geo R. Winters				
Father's Name —	Hartel	Father's Birthplace			
Mother's Maiden Name Sallie Burger	Ba	Mother's Birthplace			
Name of person giving information Geo Winters	Husband	How related to deceased			

CAUSES OF DEATH

Primary

Endocarditis -

How long

4 years.

Immediate

Shock from Child Birth -

How long

3 hours.

Are the name, age, sex, color, date and place correctly given above?

A

Signature of Physician

Address

Victor D. Miller, Jr.

Hagerstown, Md.

Accident or Suicide?

no

PHYSICIAN  
OR CORONER

J. E. Liver

Middlebury

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
Died at	Town	County	MARYLAND		
Hagerstown		Wash.			
Date of death	Month	Day	Years	Months	Days
1907	1	16		4	
Sex	Color or Race	white	Birth-place	Md.	
male					
Occupation	Where Residing if not place of death				
Married, Single or Widowed	Name of Wife or Husband				
single					
Father's Name	Father's Birthplace				
John Zinkand	Md.				
Mother's Maiden Name	Mother's Birthplace				
Mary Marshall	"				
Name of person giving information	How related to deceased				
John Zinkand	father				
CAUSES OF DEATH					
Primary	Pneumococcal meningitis 03				
Immediate	4 days				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician				
Yes	WB Morrison,				
	Address				
Accident or Suicide?	Hagerstown Md.				

